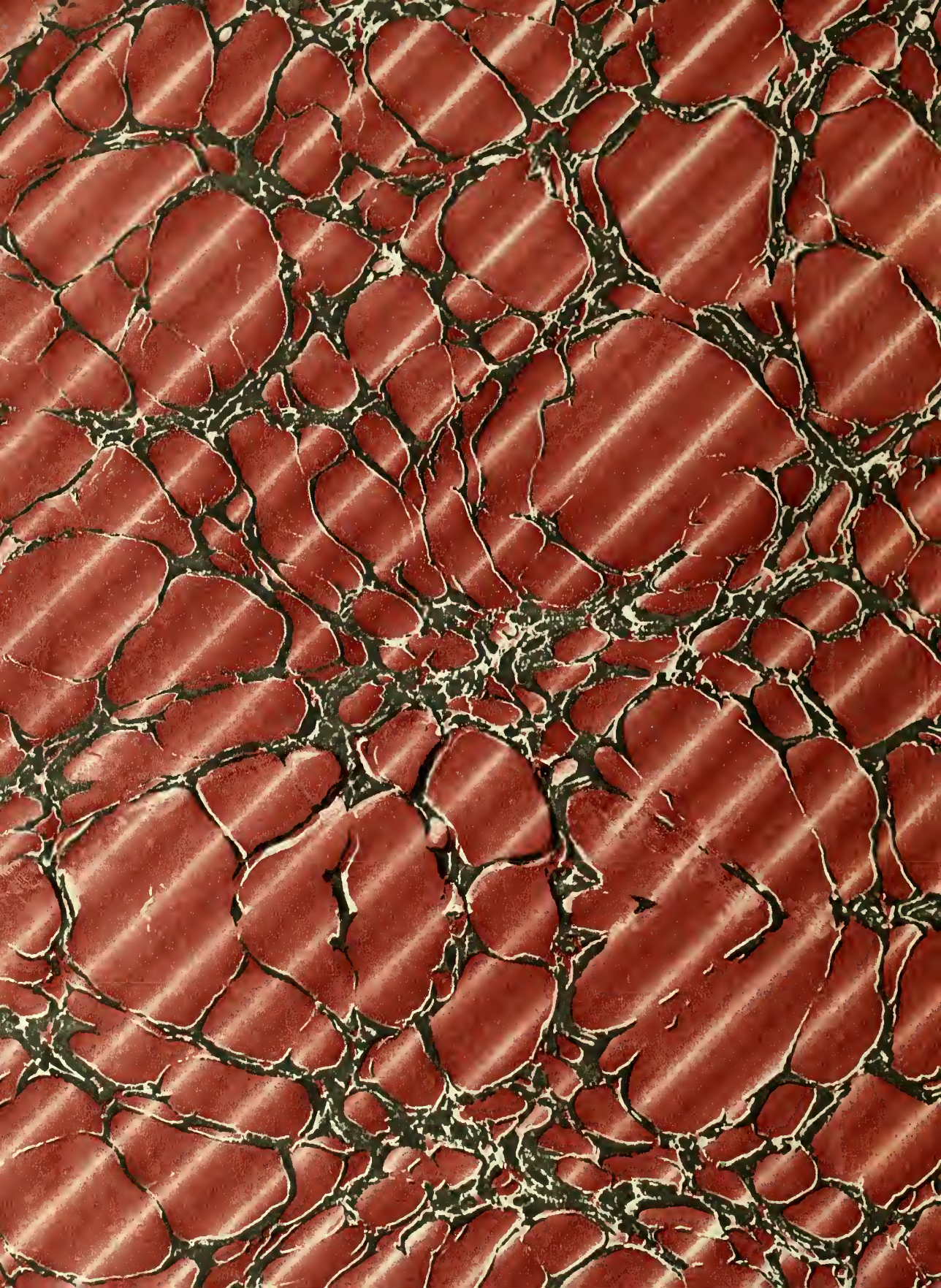

CLINICAL LECTURES

ON THE

PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM AT HANWELL.

BY JOHN CONOLLY, M.D.

LECTURE I.

Importance of the study of insanity—Plan of clinical study at Hanwell—Sound and unsound mind.

Such frequent inquiries have been addressed to me respecting the plan of treatment pursued at the Hanwell Asylum, by which it is found practicable to dispense with the use of the ancient methods and instruments of bodily coercion or *restraint*, that I have thought the publication of some exposition of it might be as generally acceptable to the medical profession as it has always appeared to be to those attending my clinical lectures at the Asylum.

Moreover, circumstances daily come to my knowledge which show that the improved treatment now happily prevalent in most of the public asylums of England, has not met with much favour in the management of private cases, nor even in asylums for the richer classes, in many of which harsh and insulting treatment of the patients by improper attendants, and even severe modes of bodily restraint, are still needlessly permitted, or wantonly resorted to, uncontrolled by any existing system of visitation, and perhaps not capable of control by any mere official inspection. The true remedy for these practices will be a more intimate acquaintance on the part of medical men with the nature of insanity, and the manner in which it is influenced and modified by different kinds of treatment. For this, until very recently, no opportunities have been afforded to them. Private practice affords no means of making up the deficiency in medical study arising from the very limited admission of students to asylums for the insane. Attendance on a case of mental disorder in ordinary practice is usually of short duration. It cannot be watched through its various stages, and the treatment and prognosis occasion an anxiety which is renewed by every new case. Nothing but the experience to be obtained in a lunatic asylum of a certain extent can suffice to furnish the knowledge of mental disorders already possessed by the student concerning other maladies, and sufficient to give him confidence in laying down positive rules of treatment of any kind. Yet in such cases the questions to be decided are of wide range and importance, for insanity affects the social usefulness and private happiness of individuals and families; and it is often essential to the welfare of many persons to decide whether a career of activity and ambition must at once be suspended; whether it can ever be resumed; whether a husband, a wife, a parent, a child, must be taken away from all who love them; and all social and domestic relations and arrangements are to be changed. Alarmed by an unwonted set of symptoms, and by general as well as medical dangers and responsibilities, the practitioner allows a great part of the management of the patient to be regulated by attendants, many of whom are iguorant of all methods of treatment but force and severity; and finding the malady becoming exasperated, he is desirous to be relieved from the case as expeditiously as possible, and almost in any way. Any one keeping a private lunatic-house is then thankfully trusted to, generally at the recommendation of the attendants, and thus the fate of the insane often becomes most lamentable.

A just suspicion on the part of the public that the treatment in such houses was often very injudicious—that very little discrimination was exercised respecting the kind of cases sent to asylums—that in some cases recovery was retarded, in some, prevented, and in some, concealed—led to errors and evils of an opposite kind, which are even now frequent. Not a year passes without some cases being reported to me in which necessary interference is withheld; property is wasted; families are kept in terror and wretchedness, or disgraced; and all are afraid to take the steps required for the safety of those about the lunatic, or for his own protection.

These, and many other circumstances which it is unnecessary for me to detail, make it greatly for the interest of society that lunatic-asylums should be made schools of clinical instruction; and greatly worthy of consideration how to obviate the visible difficulty of doing so without impairing them as places of cure, or interfering with the comfort of the patients. The difficulty may, I believe, be removed by a few arrangements of obvious necessity, and by the cheerful conformity of medical students to a few needful regulations, as a condition of enjoying a new and peculiar privilege.

Dr. Battie tells us, in the preface to his "Treatise on Madness," (Lond. 1758,) that when St. Luke's Hospital was established, one of its purposes was "the introducing more gentlemen of the faculty to the study and practice of one of the most important branches of physic;" and by an unanimous vote of the worthy citizens who planned the institution, "young physicians, well recommended," were allowed to visit with him, and freely to observe the treatment. But changes of this kind are slowly effected. Eighty-four years after the publication of Dr. Battie's book, the state of public opinion permitted the governors of St. Luke's to institute a clinical course of instruction in that celebrated asylum, and some able lectures by Dr. A. Sutherland have been among the first results. In the same year, a medical governor of Bethlem Hospital (Dr. Webster) strongly recommended the same attempt, and the prospect then afforded of clinical visits being permitted in that fine establishment has also since been realized. The clinical lessons given by M. Esquirol, in Paris, many years ago, offered a rare opportunity of instruction in mental disorders, of which students from all parts of Europe eagerly availed themselves; and Sir A. Morrison has given an annual course of general lectures on insanity, in London, for some time past. But the difficulty which I in vain attempted to remove, when I was appointed to the chair of medicine in University College, eighteen years ago, still exists; and of the students of medicine in London, very few can expect any opportunity of acquiring a practical knowledge of insanity, and particular attention to it forms no part of the curriculum of medical studies. There is, however, a gradual preparation observable for such an addition to medical education; and what was then impracticable, appears to be now almost called for by the whole medical profession.

The plan of teaching followed by myself in the asylum at Hanwell, with the permission of the visiting justices, has been, to invite one or two students from each of the principal hospitals of London to make a weekly visit to Hanwell at the close of the winter session, for ten or twelve successive weeks. The number invited has not been greater than sixteen, but many practitioners did me the honour to attend the lecture given on such occasions. Before the lecture, the class was divided into three parties, and these were separately conducted through the wards by the two house-surgeons and myself; such cases being pointed out to them in their progress as were likely to be alluded to in the lecture which followed the visit; and every care being taken not to hurt the feelings of any patient. By these precautions the clinical visits were found to produce very little excitement, and several of the patients seemed to look forward to them with pleasure.

Every student thus admitted, must guard himself against the mistake of supposing that the insane are indifferent to what passes before them; and must remember, that they are very acute observers, prone to suspicion, and easily offended. I need scarcely say to medical gentlemen, that no approach to ridicule of the peculiarities of the insane must be indulged in. But they must also be careful, even when asking any necessary question, not to excite or disturb the patients. This is a fault of which very humane visitors are sometimes inadvertently guilty, in consequence of their supposing the insane to be insensible to ordinary impressions; and they will ask the most injudicious questions, or make the most unfortunate remarks when standing close to a patient who is the subject of them, and whose changing colour eloquently declares how much the rudeness gives offence. Insane persons are, for the most part, equally displeased by levity and austerity. They do not like their real sufferings to be thought lightly of; they resent any harsh reproof; readily detect a sneer; take umbrage at a cross look; and infallibly distinguish between real and spurious kindness. They are agreeably affected by graceful manners and by handsome dress; and although tolerant to excess of the extravagances of their fellow patients, take sudden and singular offence at eccentricities in the apparel of the sane which indicate vanity, eccentricity, or something doubtful in the rank or character of their visitor. The only manner which is always satisfactory to them is that which is frank and natural and equable, and so far deferential as to indicate a sincere consideration for them, without an appearance of a kind of pity of which they do not consider themselves the proper objects. They appreciate the conduct of the officers and attendants with surprising exactness; and as the old records of insanity paint their cherished and dangerous revenge for injuries and cruel neglects, so, I may say, from abundant observation, do countless instances now occur in which they render cheerful and even laborious services to those who treat them kindly, and will even warn them of any danger, and help to protect them from it. Many of them

manifest unchangeable affections, even through the trying times of recurrent mania; and after being attached and humble friends for years, die with grateful and touching expressions on their lips, never to be forgotten.

No injunctions to the observance of a kind and prudent deportment, no directions, however elaborate, could, I conceive, so well prepare you for a judicious, safe, and useful intercourse with the patients, or so guard you against the demoralizing belief that the insane are, as some love to represent them, God-deserted and depraved, as the illustrations I could give, added to those you may yourselves observe in the wards, of the acute sensibility of the greater number of the afflicted persons contained in asylums.

I would merely beg to add, that in making these visits it may be well not to put many questions to the patients; not to talk long to any one patient, but to move through the wards with the physician, whose familiarity with them teaches him how long it is useful to converse with any of them, and when it is advisable to leave them. A few additional words will often make all the difference to the patient of producing calmness or rousing excitement; and some of the patients remain excited for hours after a short and ill-judged conversation. It is better, also, not to put many questions to the physician when going through the wards, and quite essential to avoid any long narrations or discussions, by which the physician is interrupted, and the patients feel offended, as productive of inattention to themselves. The student should say little when in the wards, but diligently employ his observation, attending to any questions and remarks of the physician, who has an object in all that he does and says to the patients in the presence of the class, which will be explained in the lecture after the visit.

By directing particular attention to the cases especially recommended to your notice, you may have opportunities, in successive visits, of observing the progressive improvement or deterioration of some cases, the stationary and uniform condition of others, and of some, the singular variations, of which the chronic cases chiefly furnish examples. If you have ever felt a sincere interest in the convalescence of patients recovering from bodily ailments, you will be still more sensible of the pleasure arising from noticing the return of health of mind, the abatement of violence, the recovery from confusion of thoughts, the discovery from delusive ideas, the dawning of hope [illegible] and melancholy, and the resumption of a cheerful [illegible] whose faces long seemed as if no smile would [illegible] again. Many of the patients whom you will [illegible] composed in their manner and neat in their attire, occ[illegible] with a book, or walking amicably with the atte[illegible] ing in the religious services of the chapel, are remembered by us who live in the Asylum as running wildly about, singing, shouting, screaming, striking, or perhaps as remaining for hours or for days in the fixed attitude common to the depressed, never uttering a word, and looking the very personification of wretchedness of heart. Many who now look healthy and comfortable came to us half-starved, ragged, dirty, and bound with cords, the terror of their neighbours, outcast from society as mischievous or dangerous; and among these are some who will soon be restored to society and to their families; industrious fathers, daughters dear to their parents, kind mothers, and sons on whose exertions some depend whom age and this last and worst sorrow have nearly brought down to the grave. When you become familiar with the humble history of our patients, you will find that none of these expressions are exaggerated, and you will doubtless become convinced that no department of medical practice deserves more serious attention than that to which your thoughts are now perhaps for the first time directed.

I must confess, that on each occasion of recommencing a course of clinical lectures I feel my anxiety increased rather than diminished, in proportion as increased familiarity with the various forms of insanity shows me more and more the difficulty of delineating in any one sketch, or almost in any series of sketches, a malady so various in its appearance and so uncertain in its progress and results. The obscurity which veils its immediate causes, and the unsatisfactory application of agents strictly medicinal, make it desirable that the whole government of asylums should more distinctly favour the endeavours of the physician to apply to a disease affecting the finer and higher functions of the frame, all the varied resources of which his professional studies have made him the master, and which he alone can efficiently or safely employ. Whoever accompanies the physician of an asylum through his wards, will see how much more generally applicable are remedial words than medicines; how much more efficacious looks and acts of kindness than medical prescriptions. It is the continual repetition of this kind of remedial power, combined with all that medical art can do to remove physical obstacles to its influence, which slowly works its miracles among the insane, and gradually alters so many individual characters as eventually to change the aspect of a whole institution. No formal efforts, no imposing representation, no sudden impressions, no heroic remedies, achieve the greatest results of his care; but the continual influence of a benign and paternal authority, a knowledge of the human heart, and a philanthropy which makes all his approaches to human suffering sacred and all his ministerings blessed.

Whatever interferes with these influences, whether in the rules or customs of an asylum, renders mere medical means of small avail, and creates an incalculable amount of suffering and discontent, which becomes appreciable when it is almost past remedy. The task of administering to disorders which distract the reason, and pervert the affections, and afflict the fancy with false or fearful images, leading often to violent or horrible results, is too delicate to be interfered with except by those whose thoughts and mental habits have subjected them to a long preparation for it; and it is lamentable to know how rashly and unadvisedly it is undertaken, and how often all medical opinion is overruled by those who can have given but small and inadequate attention to the numerous agencies which influence the body or the mind, and to the reaction of each on the other. Nothing is trifling in a house full of infirm and irritable minds. Every regulation, every action, the spirit of every remark, almost every look, becomes important. The mere manner of the officers and attendants, and their deportment in passing through the wards, their tone of voice, even the mode of opening and shutting the doors, may affect the sensitive organizations for the relief of which the whole institution is designed. None of these things are properly and systematically attended to where the influence of the physician is not supreme. They are neglected because they are not understood; and the neglect hourly countermines much that the physician desires to effect; deprives him of his chief remedial means; disables him, as regards the cure, the relief, or safe-keeping of his patients.

These remarks seem to me to be called for at the present time, when there is so great a disposition shown in many asylums to take the most important parts of the treatment altogether out of the hands of medical men; compelling them to manage their patients by means of officers over whom they have no authority, of attendants whom they neither choose nor approve of, and entrusting the classification of the insane to those who cannot know one form of insanity from another.

On the present occasion I wish to allude to these topics only in relation to their effect on clinical teaching, to the usefulness and efficiency of which they are directly opposed, inasmuch as they limit or prevent the results of a treatment which they render impracticable. It has ever been an obstacle to the collection of correct clinical observations on insanity, that the practical directions given have for the most part originated with those who were not constantly living with the insane, and able to watch the effects of the remedies and means employed with sufficient closeness. Consequently there is no part of medicine in which the established clinical facts are so few. Scarcely any dependence is to be placed on the alleged results of particular kinds of treatment, as of nauseating remedies, counter-irritants, sedatives, stimulants, and bodily restraint; the prevalent opinions concerning these agents having been formed hastily, or on insufficient data. Even the old descriptions of insanity are scarcely recognised in asylums in which no modification of the malady is produced by violence or severity. But the investigation of the actual effects of remedies seems to me to require to be commenced entirely anew, and by those who see the insane every day, or several times in the day, and during the night also, when undergoing particular treatment. Few facts to be depended upon will ever be collected in asylums to which the physician is but an occasional visitor; and none, if very material parts of the treatment—for everything is treatment in an asylum—are pursued independently of him. In a general hospital, your own experience will tell you that such arangements would impede the cure of many cases, and even increase the mortality, so that the public would not suffer their continuance; but less regard seems to be paid to the mortality which affects the mind.

The great neglect of the principles of treatment in cases of insanity until some time after the commencement of the present century is astonishing and inexplicable. In a humane and Christian nation, the insane were exhibited for money, and left in dirt, hunger, and universal neglect, at least two nights and one day in seven, to allow their keepers a holiday. Every idea of a madhouse was then tinged with horror, and to study or to teach there could scarcely be thought of. Bleeding, purging, vomiting, prescribed periodically, and brutality practised habitually, made up the sum of treatment to which the wretched maniac was long exposed. Nor was cruelty then an accident, or an obscure abuse. It was practised as a system, supported by all authority. We are impressed with a fearful sense of the atrocities that must have been common in asylums before the time of Pinel, in France, and long afterward in England, when we read the deliberate sanction

given to severity by so calm and judicious a physician as Dr. Cullen. After perusing the pages in which he so admirably expounds his theory of insanity depending upon different portions of the brain being unequally excited—a theory which could scarcely be amended at the present day; and his very sensible observations on the medical treatment of the disorder, to which not much could even now be added, it is shocking to find him giving his great authority to the employment of *fear* as a means of conquering the disease, and to the actual employment of stripes and blows. "In most cases," he says, "it has appeared to be necessary to employ *a very constant impression of fear*, and therefore to inspire them with the awe and dread of some particular persons, *especially of those who are to be constantly near them.*"

How universally these principles prevailed, and in how many dungeons of horror they were carried into daily effect, it is dreadful even to imagine; for the directions for doing so were precise and remorseless. "This awe and dread," he continues, "is, therefore, *by one means or other*, to be *acquired*. In the first place, by their being the authors of all the restraints that may be occasionally proper; but sometimes it may be necessary to acquire it, *even by stripes and blows.*" The former, he proceeds to say—namely, the stripes, "although having the appearance of more severity, are much safer than strokes or blows about the head." Such was the carefully considered language of the most accomplished physician and teacher of his time; and such appear to have been the principles universally professed in lunatic-asylums until some time after the appearance of Mr. Tuke's account of the York Retreat—a work which led the way, in this country, to an entire revolution of opinions and treatment.

I will not occupy your time by entering into the details of the old treatment of insanity, nor would it be necessary to allude to it, but for the strong attachment yet existing in several institutions to parts of it which were incompatible with its proper treatment on any medical principles whatever; and the unfortunate sanction which highly objectionable practices are considered to have received from the late Report of the Commissioners in Lunacy. But I invite your attention to the numerous cases in this large Asylum, as demonstrative, that with the abolition of all the terrible apparatus of restraints now exhibited to you, (strait-waistcoats, muffs, handcuffs, leg-locks, restraint-chairs, gags, and other instruments of canvas, leather, wood, and iron,) and only shown as curiosities, some of the worst phenomena of insanity detailed in older descriptions have either disappeared or become rare in asylums, and are proved to have been the product of violent treatment and neglect. These galling instruments, with long and uneasy seclusion, scanty diet, omission of medical treatment, or proper clothing, or proper superintendence, or occupation, or amusement, all concurred to exasperate the irritations of mania into indescribable ferocity, and to deepen melancholy into despair; whilst in chronic cases the patients sunk into dementia, and were degraded below the rank of animals. Without wishing to engage you as partizans, I solicit your most earnest attention to the actual condition of the insane; to the indications they present of remains of intelligence and sensibility; and then to apply all that you have learned in the schools of physiology and pathology, to enable you to judge of the comparative merits of the treatment which I pursue, and of the practices which I denounce.

It is important that you should also keep in mind that it is not professed to set all lunatics at liberty, or to take off all bonds and fetters, without the substitution of kind and careful treatment and watchful superintendence. When you meet with anything which seems to create an argument in favour of bodily coercion, you must carefully consider whether it might not be remedied by proper care, without such restraint. When you have passed through all the wards, ask yourselves in what cases you would do good if you were to return armed with instruments of restraint, and prepared forcibly to impose them. In your visits to the wards, if you find that the merely medical agents employed are few and simple, and that their effect is sometimes doubtful, and that no specifics have yet been discovered in the *materia medica* to restore impaired minds to usefulness, to heal wounded affections, and reclaim wandering intellects, you will also find that the indirect means of promoting these ends are very numerous. Carefully direct your attention to the adaptation of the building to its objects; to the provision made for safety, for inspection, for warmth, for light, for cleanliness, for comfort, for bodily health; the clothing, the diet, the exercises, the occupations, the amusements of the patients; the instruction, general or religious, which is given to them; the description of attendants to whom they are directly entrusted; the plan and state of the day-rooms and bed-rooms; the general appearance and conversation of the patients; the kind of control exercised over the violent; the mode of excluding irritations by temporary seclusion; the encouragement given to the despouding; the indulgence shown to the wayward and fretful; the care bestowed on the imbecile and helpless. From all these things instruction is to be gathered, and often more eloquent and impressive than the language of any lecture can convey.

In your first introduction to the wards to-day, finding yourselves surrounded by a crowd of lunatics, exhibiting what appear to be endless varieties of morbid mental phenomena, you may have been inclined to think them reducible to no intelligible order; and the numerous divisions and subdivisions of some of the authors who have written concerning them, show, indeed, how large a field they present for arbitrary classification. Yet all these varieties really resolve themselves into a few divisions, sufficiently simple and obvious for practical purposes; and these I shall endeavour to point out to your notice, putting aside mere artificial arrangements, and avoiding an intricate nomenclature as at least useless in strictly clinical study.

I shall equally avoid any long discussion of the nature of insanity, or any affected definition of a disease which seems to be best expressed by negatives. Whatever form it presents, there is an evident privation, to a greater or less extent, of the proper use and application of the intellect. In all the cases which you have seen, there is some want of that power which controls the affections and propensities, and all the actions suggested by them; and the loss of the power to do this is, as far as it exists in any case, a departure from, or an impairment of, sound mind. The late celebrated Dr. Gregory well described a sound mind as not only sufficient for all the ordinary offices of life, but as easily accommodating itself to various accidents, studies, and kinds of business; as "a mind which, with just sensations, is perspicacious and tenacious; reasonably perceives, and understands, and retains; is firm and serene, whether grave or lively; and always master of itself; not the sport of its own inordinate actions, or of external impulses; not obeying, but able to govern, its own proper affections, so as temperately to enjoy prosperity, to bear adversity firmly, and only to be roused, not disturbed, by more serious accidents." He justly adds, that all this implies a sound body as well as a sound mind, each contributing in this state of existence to influence the other.

Undoubtedly we call a man sound in mind so long as his reasoning faculty restrains his affections and propensities within certain bounds, which are universally acknowledged, and so long as his external and internal perceptions accord with those of the rest of mankind, or are known by him to differ from those generally experienced; and in the various examples of insanity we find some which are allied with and seem to commence in disordered sensations or perceptions; some in irregular propensities; some in inordinate affections; some in abnormal conditions of the nerves of organic life; and some even in disorder of the nerves of motion. Or one or more of the faculties of the intellect may first become impaired, as the memory, or the imagination. Any one of these states, existing in combination with a certain privation of the comparing power, directly impairs or diseases the judgment; and then we have the state to which we give the name of unsoundness of mind, or insanity. Various causes concur to give it some form of mania, or melancholia, or imbecility, or other impairment presented to the practitioner.

The recognition and treatment of such forms of the malady constitute the immediate object of this course of lectures, in which I do not propose to deliver a treatise on insanity, or a commentary on the opinions of others; but rather to give you a description of what I have myself verified by observation, in the course of some years, passed in almost daily intercourse with many hundred lunatic patients. I remember, also, that I am addressing advanced students, and practitioners engaged in professional duties, who will not require specious theories to be propounded, or confident and imposing rules of practice to be laid down, but who know the uncertainties of physic, the difficulty of art, the fallacy of limited experience, and the shortness of life.

BLUE INK.—BY M. MORNUNG.

Mix four parts of perchloride of iron, in solution with 750 parts of water, then add four parts of cyanide of potassium dissolved in a little water; collect the precipitate formed, wash it with several additions of water, allow it to drain until it weighs about 200 parts; add to this one part of oxalic acid, and promote the solution of the cyanide by shaking the bottle containing the mixture.

The addition of gum and sugar is useless, and even appears to exercise a prejudicial effect on the beauty of the ink. It may be kept without any addition for a long time.—*Journal de Chimie Médicale.*

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PHYSICIAN TO THE ASYLUM.

LECTURE II.

Forms of insanity—Classification of the insane—Symptoms and treatment of acute mania.

I am principally desirous, in these lectures, to direct your attention to those forms of insanity which you are likely to meet with in practice, and of which illustrations are always to be met with in the wards of an asylum.

Recent cases of insanity are commonly characterised by visible excitement, or depression, and the first natural division of them is into cases of mania and melancholia.

Recent cases of mania present themselves, chiefly in one of three forms, which are recognised without much difficulty. There may be continued excitement and violence, lasting for many weeks or for many months;—or there may be only occasional excitement and violence, connected with some delusions which continue after the subsidence or the intervals of the paroxysms of excitement;—or there may be strong delusions, leading to irrational actions, without violence. To the first two of these forms, the term, acute mania, may be correctly applied. The third form sometimes takes the character of melancholia; and more frequently resembles chronic mania, and passes into it.

Chronic, like recent mania, also presents itself in three principal forms, of which we have numerous instances in every ward. In a certain number of the cases there is a continual irritability of temper, and a disposition to be violent on the slightest provocation, or even if a word be spoken to the patient. In others, there are recurrent attacks of excitement, every fortnight, every month, or six months, or at longer and not very regular periods, the patient being in the intervals more or less rational, and generally calm. Or certain delusions may be quietly but tenaciously retained for years, or to the end of life, without violence.

The form of melancholia is easily distinguished. Although it is convenient to speak of it separately, it is only a variety of mania; may be acute or chronic; exist with or without delusions; be continual, or occasionally marked by paroxysms; or it may alternate with marked maniacal excitement.

Ensuing, sooner or later, and sometimes rapidly, upon these forms of malady, are many and various impairments of the mind, chiefly characterised by the extent of the injury done to the faculties; the individual being generally in each case so far affected as to be evermore disqualified for the proper, equal, and useful exercise of his understanding. The general term of imbecility imperfectly expresses this large class of cases. The last stage of all these forms constitutes dementia; a state of entire prostration of the faculties, not congenital.

The forms of idiocy are various, but in each case the disorder is congenital.

The complications of mania and of melancholia, with epilepsy, and with paralysis, and with hysteria, require to be separately noticed; and the forms of insanity incident to the puerperal state, and to old age.

Perhaps I ought to explain to you at once that you must not expect to find the patients classed in asylums according to these divisions. Such a classification, as well as a rigid separation of the curable from the incurable cases, is known to the medical officers of asylums to be partly impracticable and partly pernicious. To separate the noisy and refractory from the tranquil is a measure of evident practical utility; and that a class of moderately tranquil patients will be intermediate to these is readily understood. The separation of the sick and feeble from the rest, is also desirable; and peculiar arrangements for the epileptic make it convenient to place them in the same division. But the governing principles of the classification of patients must always depend on their habits as to noise, violence, cleanliness, industry, and degree of mental impairment. To place all the melancholic patients together would be to increase the sufferings of most of them. If the refractory must be placed together, they should be subdivided as much as possible. The strict division of curable and incurable patients, with a view to practical benefit, is merely fanciful. Many of the incurable patients, when the insane must, of necessity, associate together, are far more advantageous companions for the convalescent than the other curable patients are. Of the many cheerful and industrious patients who have to-day accosted you, very few are curable; many of them merely labour under some delusion inconvenient in society but harmless here. Most of the recent and curable patients are excited; few of them are employed, and their detention is more a source of discontent to them than to the incurable.

The diversities of mental malady are alike in the curable and incurable, and no arrangements necessary for the curable can properly be omitted in a house for incurables. In each, you must have the tranquil and the noisy, the orderly and the melancholy, the feeble-minded and feeble-bodied. In each, without a system comprehending constant attention, and animated by the hope of producing improvement, every old abuse will revive. Some patients will be rashly pronounced incurable; many incurables will become more troublesome, and dejected, and hopeless; and the imbecile and helpless will be neglected as they were of old. In this asylum you will observe that the means of protection are accumulated in those parts of the house where we have the greatest number of incurables. In the quietest wards the patients almost seem to take care of themselves. Everything is, however, carefully provided for them; but they only require the superintendence of a small proportion of attendants. In the wards where refractory patients are placed you will find the number of attendants greater; although there, as well as in the quiet wards, most of the cases are incurable. Still greater care you will find is given, if possible, to the imbecile, helpless, idiotic, and utterly incurable; of which the male ward, No. 1, is an instructive example. No hope of cure really exists in that ward; but the poorest creature receives every care, and the patients have the advantage of being in an asylum where everything in the treatment is conducted on the principle, that amelioration is attainable in every case. Double the usual proportion of attendants is assigned to that ward; and the consequence is, that there is not one of the helpless creatures in it, who is not washed and comfortably dressed, and taken out into the fresh air, or to the fireside, every day in the year. The arbitrary separation of the curable from the incurable, which appears at this time to be urged upon the directors of asylums by the legislature, would be fatal to this wretched class of patients; whilst it would disturb the tranquillity and happiness of numerous incurable patients, who are more intelligent, and be useless, or worse than useless, to the curable. It has no conceivable recommendation but its supposed economy; a consideration which, applied to such a subject, is inconsistent with the character of our age and country.

Already, this experiment has had one most instructive trial; and I hope you will remember it when your opinions may be asked, on this important subject of classification, at any future time. Fifty-eight unhappy Scotch lunatics, chronic cases, and pronounced incurable, were, it seems, transported to the island of Arran, where somebody was found who would relieve society of the care of them for the moderate consideration of two shillings and sevenpence per week. What food, what clothing, and above all, what attendance was to be afforded for this sum may easily be conceived. But Dr. Hutcheson, whose humane government of the Glasgow asylum had already conferred distinction upon him, providentially visited these victims of economy; and his representation of the state in which he found them was happily followed by their removal to the asylum under his care. Of these fifty-eight, condemned before as incurable, he has had the satisfaction of discharging seven cured. It is true that the incurable are always more numerous than the curable: but this only makes it more important that they should not be neglected. Their health, comfort, happiness, the whole career and character of their lives, depend on the views and feelings of those who have the charge of them. Under enlightened care the approaches to recovery are many, even when complete recovery is impossible; and with every approach there are new capacities of enjoyment, which demand the constant attention of a superintendent whose intellect and whose feelings have been carefully cultivated. To place them in ignorant hands, secured by a low remuneration, is to sentence them to every possible variety of neglect.

Without further remarks on the varieties of insanity, or their classification, I shall proceed to the consideration of the first of them; or

ACUTE MANIA.

You have doubtless noticed some cases, in your visit to the wards, in which the patients appeared to be affected with simple excitement; their faculties all stimulated, as if by the

influence of wine, yet without confusion. Among these, some recent cases were pointed out to your notice, and these were cases of acute mania. In each of these cases the character of the individual is not so much changed as exaggerated, or unduly developed. In other acute and recent cases, you may have observed that there seems to be only a partial excitement, and the patient is confused, and perhaps the subject of delusions. In others, the character seems to be changed, the affections are perverted, and the propensities morbidly active. In these cases, the malady has existed but a short time; and yet a fearful uncertainty exists as to the result in most of them. The excitement may subside; the delusions may be corrected; the affections may be restored to natural exercise; and these changes may take place soon, or demand many months for completion; whilst, unfortunately, even on a short maniacal attack, an incurable imbecility often ensues, and the more quiet forms of mental disturbance may resist all treatment. These circumstances give immense importance to the whole management of such cases. They include every exigency, and call for every variety of resource; so that the forms and management of such cases may well occupy our first and most serious attention. We will suppose such a case just admitted.

When I was myself about to take the charge of this asylum, my principal anxiety was to be prepared for the first reception of violent and ungovernable patients; and satisfactory information on this point, as on many others, was scarcely to be obtained. The Hanwell Asylum had never, I should say, been disgraced by the cruel practices recorded in the annals of some of the older institutions. Occupation of the patients, and as much freedom and cheerfulness as were compatible with the continued use of mechanical restraints, were, from its opening, the characteristics of the asylum. In the arrangements, therefore, for the reception of patients, all that required to be altered was, in some way or other, implicated with the use of restraint. The patients who are affected with acute mania are yet usually brought to the asylum in restraints; and, in many cases, these seem to be put on previous to the journey to the asylum, more from fear than from necessity. Sometimes they come in strait-waistcoats; not unfrequently, bound very tightly with cords; and too often marked on the wrists and ancles with metal hand-cuffs or leg-locks; and the skin of the back ulcerated, in consequence of their having been fastened down in a crib. It is generally found that the patient has been fastened down, in some way or other, every night; and they will sometimes scarcely believe that we are in earnest, when they are shewn into a comfortable bedroom, and told they are to rest there, and are not to be fastened at all. We have known them hold out their hands for a quarter of an hour, for the customary fetter. In whatever restraint the patients come, the restraints are immediately removed, and they are never put on again. The arrival at a place new to them produces, in the greater number of instances, a temporary tranquillity, which favours this liberation. We inquire into the reasons for the restraint having been put on, and adopt whatever precautions the case may require. The attendants, whose duty it is to receive the patients, are enjoined to do so with kindness; to allay any fear that may exist; and to attend to the patients' physical state, as to warmth, hunger, &c. One or more of the officers of the asylum usually see the patient immediately,—a practice which I would strongly recommend to every physician who is at the head of an asylum. It was a part of that ancient system of treatment, to which I am obliged often to allude, to endeavour to make a powerful impression of a painful kind, in order to awe and subdue a new patient. They were treated exactly on the principle on which the tamers of ferocious animals conquer the lion and the tiger. Not satisfied to have the patient alarmed by the mere arrival at a place of confinement for the mad, ingenious physicians suggested that they should approach asylums in carriages driven over terrific drawbridges, and then be plunged into dark dungeons. These excesses are not now to be apprehended; but it must be remembered that the real treatment of a patient begins from the moment he enters an asylum. the aspect of the place—the first faces which he sees—the first words addressed to him—the first day, almost the first hour, spent in the asylum—modify all the impressions made upon him afterward. Patients frequently allude to these things long afterward. The formalities preceding the admission of a pauper lunatic, who is taken before a police magistrate, and the general appearance of any asylum, are often productive of a supposition that he is accused of crimes, and sent to a prison. Their reception may confirm or dispel these delusions. One of our patients, on leaving the asylum, cured, after suffering all the agitations of several severe maniacal attacks, told me that, when he was received into the asylum, the first kind words were addressed to him which he had heard for three years. Others have repeatedly recounted all that was said to them, and what they thought of the attendants, the officers, and the place. I shall never forget, among my first experiences here, the start and scream of a young female patient, on being led, heedlessly and rudely, at once into a crowd of patients, on her arrival; and I now daily see how much may be done, by care and kindness, to reconcile even the most timid woman to all the strangeness of a lunatic asylum.

After a short and encouraging conversation with the newcomer, the officers leave the patient in the care of the attendants. Their clothes, often ragged and dirty, torn and soiled in violent struggles, before arriving, are removed. The patient is put into a warm bath, and then clothed in clean and comfortable apparel. Even these simple processes sometimes seem to lay the foundations of recovery; and I may observe, once for all, that in mental disorders the inducing of physical comfort and satisfaction is a very material part of treatment. After the bath, some good food is supplied to the patient, and generally partaken of eagerly. In the course of a few hours the medical officer sees the patient again, or sooner if circumstances require it. It so often happens that patients, who have been very violent, and who will become so again in a short time, are comparatively tranquil for a day or more after admission, that we are generally able, even in cases of mania, to examine and make a report of the chief particulars of the case. But this is sometimes quite impracticable. The patient is restless, tired, irritated by harsh treatment, galled with restraints;—he is alarmed, suspicious, angry, timid, and ferocious, and thinks himself among enemies and jailors. Even in cases of this kind, if due patience is exercised, short intervals of calmness occur, in which a few quiet words have some effect; and if proper caution is used, the acquaintance of the physician with the patient may begin with good instead of unfavourable auspices, and an influence be acquired which is rarely afterwards lost.

In the whole treatment of insanity you will find that what is chiefly required is the exercise of common sense, aided by competent medical knowledge, and supported by humanity, for the relief of very real and very great suffering. No one can imagine, that the physical and mental discomfort of a patient in the state just described would be alleviated by a strait-waistcoat. It was not applied for relief, but for security; not to cure, but to control. Yet now we know that security and control may be best effected by means which also relieve and tend to cure. We can readily imagine the relief given to a poor creature by releasing him from iron handcuffs, or hard and tightly-bound cords; and by his being disembarrassed of dirty rags; put into warm water and made clean, and then taken into a comfortable ward and seeing decent food placed before him, or being shown a comfortable room and bed to lie upon, where he will not lie on loose straw—will wear no chains—will receive no blows, and want no attention by day or by night. It is not I assure you, the pauper lunatic alone who is subjected to these injurious means before admission to an asylum. I have known a gentleman tied to his bed in a recent attack of mania, until he seemed to have lost the flexibility of his ancles, and was rendered wild and frantic: and have witnessed his satisfaction and incredulous joy on being emancipated from his bonds, and treated as a man suffering from disease. In these preliminary steps, rational and useful at the time, and really adapted to the symptoms, we are also promoting the ultimate cure by removing obstacles to it.

As soon as it is practicable in every case we enquire into the patient's state of health, the actual condition of his mind, and his past history: noticing his age, his station or occupation, his social state, the origin and duration of his symptoms, his education, his religion, and the probable causes of his disorder. We examine him with a view of ascertaining the general indications of a good or bad constitution; we notice the configuration of his head: his attitude; mode of walking; the state of his skin; the temperature of the scalp and of the extremities. We observe his respiration; inquire into the condition of his digestive functions; including those of the kidneys; and examine the actions of the heart and arteries. Attention is paid, when opportunity is given for it, into the state of the patient as regards sleep; and in women, as regards the functions of the uterus. The state of the senses and their outward organs is also noted; the indications of the affections and propensities are observed; and the intellectual manifestations are carefully estimated. For registering the results of these inquiries we have printed forms, now shewn to you; and these enable us to construct statistical tables, published with the Annual Report. In the course of these inquiries we occasionally obtain curious information from the patient; and the manner in which it is

given usually reveals the state of the mind with sufficient clearness; whilst we also endeavour to arrive at indications for bodily and mental treatment. Many deficiencies and some mistakes are unavoidable in our first investigations, and we make up or correct these in future visits, or by application to the patient's relatives. With all our care, a true account of the causes and the commencement of the malady is so difficult to be obtained that I look with much incredulity on all statistical returns that have ever been made in this or in any other asylum, as relates to these particulars. In what depends on personal observation greater accuracy can be commanded.

In a case of acute mania, the senses are ordinarily perfect, as regards conveying real impressions, even when the sources of delusion in consequence of impressions which are imaginary; and which are most common in relation to the senses of sight and hearing. Voices are often supposed to be heard contradicting them, or insulting them, or giving them particular information, or suggesting particular actions; but they hear real voices, and reply rationally. Imaginary places or persons are also sometimes represented to the sight. But in cases of pure excitement these delusions often have no existence, and all the senses are preternaturally acute. The eyes have often a peculiar character, difficult to describe; and at least partly produced by the apparent tension and protrusion of the cornea, and an appearance of rigid semi-contraction of the iris: they are also not unfrequently injected. Sometimes the face is flushed, but often it is pale and haggard and covered with moisture, worn as if by fatigue, and full of a mingled excitement and distress, fierce and pitiable by turns; the whole expression of the face being so altered in attacks of acute and violent mania that the patient on recovery from it seems scarcely to be the same person. Every muscle seems during the paroxysm to be in some peculiar manner drawn into contractions, which change and disfigure the habitual character of the countenance, and this state will continue throughout attacks which last many months. In female patients the effect sometimes is, that a face which has long worn a fierce and repulsive aspect, becomes, on recovery, suddenly beautiful. These curious changes cannot be expressed in words. The 8th and 9th plates in the atlas appended to M. Esquirol's work on insanity present an interesting illustration of them in one of his cases.

The general excitement of the brain causes the patient to be sharply observant of everything and everybody; and he tries by rapid talking to express the multitude of ideas that crowd upon him: complaining of loss of property, the perfidy of friends, and the plots and violence of enemies; or boasting of boundless wealth and the notice of the great. The thoughts rapidly succeed each other, and are in many cases incoherent, but not invariably so; and the incoherence of recent cases is not a permanent condition. Frequently the predominance of some sentiment is very conspicuous, as of pride, or love, or fear, or devotion; and these sentiments, which are probably new or much exaggerated in the patient's character, are often erroneously set down as the causes of his malady. A loud voice, emphatic expressions, vehement gesticulation, singing, and bursts of laughter, serve to relieve the over-active brain. The body, continually in motion, obeys the unreposing mind. You have witnessed the incessant activity of some of these patients; running rapidly about the airing-courts, riding at full swing on the large rocking-horses, and winding their rapid way through groups of their companions, in a manner to make the absence of serious accidents a matter of wonder. But if angry emotions prevail, the kindest and most loved friends cannot safely approach them. There is a continual restlessness and a propensity to break, tear, and destroy. All violent impulses agitate them. Patients have told me that in this state nothing gave them such entire satisfaction as to quarrel with somebody, or to hear the sound of breaking china and glass. Others have said that in these paroxysms it would have given them the utmost gratification to crush, ruin, trample upon, or murder any one who gave them offence.

The skin is generally of unequal temperature, and moist; the scalp is hot, especially over the top of the head, the forehead, or above the ears; and the extremities are at the same time often cold. In some cases a peculiar odour from the skin is observable. The hair, in many cases of acute disorder, stands up, and gives a wild appearance to the head, strongly contrasted with the heavy smooth masses in which it falls in melancholic cases; the desire for food is sometimes absent, sometimes excessive; the tongue is generally white, as if painted; but when severe gastric symptoms are present, as vomiting, diarrhœa, and a disposition to swallow gravel or dirt, it is brown and furred, or scarlet; the urine is high-coloured, and often scanty; the action of the heart is generally quick, and in some cases vehement, but the heart is scarcely ever organically affected in these recent cases of mania, although it appears to be not unfrequently so in melancholia. Whilst so many things in the patient's state indicate excitement, the general state of the circulation is depressed; and the pulse is quick and feeble, seldom below 96, often as high as 120, variable, and readily increased in rapidity.

Usually the voice is loud and sharp. If there is some faltering in the speech, accompanying the excitement in which ideas of wealth and power prevail, we have to apprehend the existence of a form of paralysis common to the insane, and perhaps exclusively seen in them; and of which I shall in future visits show you several examples. Although pulmonary consumption frequently supervenes on insanity, there is seldom anything peculiar in the respiration in the cases I am now describing.

Prolonged watchfulness is common in acute mania; the excitement and all the restless actions springing from it continuing night and day for an incredible length of time. In some cases, however, the patient appears to enjoy natural and refreshing sleep in the middle of the night; being restless and noisy earlier and waking with renewed excitement at break of day. Some patients are quiet at night and restless by day; others are tranquil in the day-time and noisy all the night. Some appear to be more excited on alternate days. The uterine functions are not always disturbed; although, in some cases, sudden accidents in relation to these functions have a striking connection with the first outburst of mania. Where there is suppression, its removal also often precedes recovery. These observations are chiefly applicable to young women, in whom either the non-appearance or the sudden coming on of the catamenia is occasionally the apparent cause of a maniacal attack: the malady, being in both cases, attended with subsequent suppression, of which the removal generally forerun the complete cure. At the period of the cessation of the catamenia, a short maniacal attack often ushers in the form of melancholia, of which the character is obstinate.

There is in most cases something singular in the costume of a patient affected with the excitement of acute mania. Ordinary articles of dress and bedding are so transformed by the ingenuity of some patients as to constitute dresses seemingly formed on the model of oriental or barbaric attire; of which the familiar materials are scarcely recognisable. With rolled-up bedding and a blanket, a young Frenchman at Hanwell would be found at night ready belted and equipped for a march; and at first sight it was difficult to believe that he had not some kind of uniform on adapted to a tropical climate: and with blankets and straw a fine young woman who had been an actress used to array herself like the women represented in plates in the voyages in the islands of the South Sea; and when thus dressed she would stand in a corner of the bed-room, as if gratified by the surprise of those who opened the door. As recovery advances all this morbid ingenuity dies away; and the dress becomes orderly with returning order of mind.

I have tried to convey to you an idea of the general symptoms in cases of acute mania; yet I must mention to you that even acute mania is not always accompanied by the ordinary external signs of excitement. It would seem as if we had yet to learn the real symptoms of cerebral irritation. Certainly, in recent cases of mania—cases which had not lasted more than six weeks, and in young persons, in whom I have since seen the maniacal attack pass into dementia, I have known the most acute paroxysms of mania exist—rapid and violent talking, continual motion, inability to recognise surrounding persons and objects, a disposition to tear and destroy clothes and bedding;—without any heat of the scalp or of the surface, without either flushing or paleness of the face; with a clean and natural appearance of the tongue, and the pulse no more than 80 or 85.

The commencement of mania is said by M. Esquirol sometimes to be marked by all the symptoms of a severe attack of fever. Such cases certainly do occur, and are usually fatal. They really present examples of fever resulting from violent irritation of the brain or actual phrenitis. They are distinguished from ordinary cases of fever chiefly by the locomotive activity of the patient; who continues restless, and often walking about, and frantic in all his attempts, until rapid sinking takes place. The state of such patient is extremely distressing, and scarcely admits of the slightest relief. Their duration extends from ten days to two or three weeks.

I purposely exclude, at present, any particular description of the more quiet kind of recent cases; my object being to keep in your view the violent and troublesome forms of recent mania, which call for all the resources of the treatment professed at Hanwell, and afford striking tests of the efficacy of those means which are adopted here as substitutes for mechanical restraints. The practitioner is also animated in these violent and recent forms of insanity with a strong hope of the recovery of the patient: they afford, generally, a greater promise of it than those less oppressive cases in which some delusion is tranquilly cherished and some oddity gravely indulged in. Acute mania may retain its first character for many months, and then completely pass away

for the most part gradually, but sometimes suddenly. During this long affliction almost every day and night may be passed in excitement, all medicine and means of cure affording but slight and temporary mitigation. Now and then there are days of depression, the patient seems to be returning to some natural feeling, speaking gentle words, or asking anxious questions; tears and sobs showing that some conflict is going on, of which the result may be recovery. Again and again, on this state, wildness and fury may supervene, and all the mild affections seem to be lost: and yet recovery will come at last. With these alternations, alarming signs of bodily sinking may appear, and these also disappear with returning excitement; leaving a fear that fatal exhaustion may some day ensue. Through all these dangers of mind and body the physician to a lunatic asylum has to conduct his cases: and his plan of treatment must be formed on a consideration of all these peculiarities. His application of medical means must be tempered by the recollection of the frail tenure on which life seems to be held in these violent nervous commotions; and until he can effectually compose the mind he must anxiously exclude all that can add to its irritation; remembering that, even through all the agitations of acute mania, the patient is sensible of every word, look, and action, in those about him, and is consequently open to impressions which will become more forcible as convalescence advances, and then either retard or promote it. There is also, throughout the progress of such cases, continual reason to apprehend that the excitement of the brain may induce changes inconsistent with the possibility of recovery; and that whatever adds to that excitement, or whatever lessens the patient's power of resisting the progress of an insidious and dangerous disease of the brain, may directly consign him to imbecility of mind for life.

When time has been afforded to ascertain the exact state of a newly admitted patient, recently affected with mania, the medical and remedial treatment of his case undergoes consideration; and although the agitation and violence of the patient create difficulties, they are never considered as being the only parts of the case requiring attention. Instead of suppressing violent actions by binding the limbs, an attempt is made to act on the source of the violence; no precautions being at the same time neglected which the safety of the patient or of others requires. In the most violent case which we can suppose to be admitted, no advantage arises from allowing the patient to walk about tied up in restraints. Until he can safely be permitted to exercise his over-active muscles in the open air, he is much better in his room, where he can injure nobody; and where measures may be adopted, without any necessity for tying him up, which will deprive his activity of its most inconvenient tendencies. For greater safety, one of those rooms should be assigned to him, of which you have seen that the walls are carefully padded, the windows secured and protected, without the exclusion of air and light, and the whole floor a bed. Sometimes the exclusion of light, as of all other stimuli, is useful, but not so frequently as you might suppose; the darkness seeming to favour the wandering of the patient's thoughts. Simple security is now obtained;—there has been no struggle;—nothing has been done to vex the patient, every thing to soothe him;—and of this he evidently has some knowledge; often mingling good-natured remarks with his wild and violent words. We do not consider, then, that we have a violent man to conquer by force, but a man labouring under acute irritation of the brain, which we are to endeavour to remove.

There is such an apparent superabundance of energy in the patient as to betray an inexperienced practitioner into hazardous measures. When the face is flushed, the skin warm, the pulse quick; when the voice is loud, the gesticulation vehement, it is difficult at first to believe that the vital power is not in excess. And when this state of morbid excitement lasts for weeks or months, it seems scarcely credible that there is all the time a tendency to sudden depression of all the energies of life, and that no violent remedies are admissible. Yet in the most recent state, the condition of the circulation is seldom such as to encourage even one bold depletion; and as the case proceeds, emaciation advances, signs of exhaustion are perceptible, and sometimes there is sudden exhaustion, and death. I feel myself therefore justified in cautioning you most strongly against general bleeding as a rule in those cases: I am convinced that it is not often admissible; and that it sometimes does irreparable mischief, particularly if resorted to freely or practised repeatedly. Some of the worst cases which I have seen have been those in which the patients had been largely bled before admission; and I have suspected that even the violence of the patient had been increased by loss of blood. It was observed by Pinel that the early symptoms of mania were often aggravated by the low diet to which maniacs were in his day ordinarily subjected; and that one of the first things requiring to be done for them was to supply them with abundant food. He relates the case of a lady who had been bled several times, and kept on low diet for more than a month, until she devoured several handkerchiefs, and was reduced to a state of great languor. Her delirious fury was still so great that four strong men could scarcely keep her in bed. On arriving at the Salpêtrière, she was allowed to have frequent, but moderate, supplies of substantial food; and her delirium began at once to subside. In eight days she was allowed to walk about, although in a strait-waistcoat; and about the fifteenth day she was released from restraint, and convalescent. Esquirol mentions that he has known melancholia pass into furious mania after venesection. It is, therefore, with great regret that I sometimes see the most positive assurances published in different medical journals of the best practice in cases of recent insanity being to bleed largely and repeatedly. I believe, however, that the general opinion of practitioners, both in this country and throughout Europe, who are conversant with insanity, is, that the free bleeding once recommended by Dr. Rush and Dr. Frank, is neither useful, nor safe. Cases do occur in which it is useful; but they are very rare. In more than twenty years' practice, I have seen but two or three such cases, but I have seen it several times useless, if not mischievous; even in stout plethoric persons, whose general condition seemed to warrant its being resorted to. In six years' experience at Hanwell, I have not seen any encouragement to order bleeding in a single case. In two cases, in which it was resorted to, the effects were most unfortunate; in both a state of imbecility ensued, and an inability or indisposition to speak, which lasted in each case more than twelve months; and in neither case was any symptom of amendment obtained. The fact seems to be, as Dr. Seymour has remarked in his judicious Treatise, that the excitement of the brain, in cases of mania, does not generally depend on increased action of the heart and arteries. You will find, in almost every case of maniacal excitement, that the pulse is feeble as well as rapid; and that symptoms of prostration of strength easily supervene.

In certain cases, in which the patient is of a vigorous constitution, and a first attack of insanity has come on suddenly, like a sudden delirium, and is not the consequence of intemperance, I have no doubt that a single bleeding, with the administration of an aperient, followed by a few doses of antimonial medicine, will effect a speedy cure; but this is not a frequent form of attack. In other cases, either acute or chronic, where there is considerable vascularity of the face and scalp; and also in the cases complicated with epilepsy, in which the patient appears likely to die of congestion of the vessels of the brain, or simple apoplexy, the ordinary termination of such cases, a departure from the extreme caution which I recommend as a general rule, as to blood-letting, may be ventured upon, at least with safety. Copious hæmorrhage, occasioned by a longitudinal incision in the scalp, has, in some of the cases among the epileptic, at Hanwell, been followed by unexpected advantage, in cases which did not, however, admit of cure, but where the coma was so complete or prolonged as to threaten death. Even in cases of convulsion, with a strong apoplectic character, the result of the two cases to which I have already alluded, and which were of that description, holds out a serious warning; and altogether I scarcely consider general bleeding from the arm, as properly applicable to the treatment of any form of insanity.

Our attention is therefore given to other means of allaying excitement of the brain in acute mania. Of these local bleeding is generally not only admissible, but extremely serviceable. We are in the habit, in this asylum of applying leeches in preference to cupping; although it is probable that cupping to a moderate extent would be useful in some cases; but relief is almost always obtained by applying from twelve to twenty-four leeches to the head; usually to the upper part of the forehead, where pain is commonly complained of; and sometimes behind the ears or behind the neck. I have never known such application productive of mischief; and it may be repeated in a few days, and occasionally afterward, with almost invariable benefit, when pain and heat of the head are present, or recur. After the first or second application of leeches, a blister behind the neck is generally followed by advantage. The head should be shaved, if the excitement continues; and the unguentum antimonii potassio-tartratis rubbed upon the scalp, night and morning, until pustules make their appearance.

Purgative medicines are too inconsiderately given in such cases, in some of which they are not at all required, or are actually hurtful. It is even an error to suppose that obstinate costiveness is a common accompaniment of acute mania, and of other forms of insanity. In cases of hysterical insanity, and in melancholia, it is excessive, and sometimes incredible; but, in other forms of insanity, the bowels are not unfrequently irritable: the patient is readily disordered by particular articles of diet, and much de-

pressed by rough purgatives, without mental benefit. If the bowels require attention, any of the ordinary purgative medicines may be given, and those are the best which the patient has the least objection to take. The nervous irritability occasioned in many constitutions by the frequent use of any mercurial medicines, suggests caution with respect to their continued employment; but in many cases, the combination of a small quantity of blue pill, or calomel, with rhubarb, or colocynth, or aloes, is convenient and useful. The compound decoction of aloes is often less disagreeable to the patient than any other form of medicine. There are many forms of mental disorder in which the pulvis jalapæ compositus is particularly serviceable; forms in which there is a determination of blood to the head, or a general tendency to plethora, seem to be especially benefitted by this simple medicine, taken in doses of a scruple or half a drachm every morning. In cases in which there is an obstinate resistance to medicine, the best plan seems to be to apply one or two drops of croton oil to the tongue, by means of a quill; or it may be given in beer.

Antimony is a medicine generally resorted to in cases of excitement; and it is often of service, when given in repeated doses; producing nausea, depression, and at least temporary tranquillity. I think it of much more service in acute mania than in chronic forms of the disorder; and it is serviceable in the ordinary doses, repeated five or six times in twenty-four hours. The nature of the symptoms in cases of mania probably makes the practitioner more sensible of the uncertain effects of medicines than in ordinary cases of disease; but assuredly this uncertain character is but too manifest, as respects all the most important medicines commonly used in the treatment of insanity; and although I have known the antimonial preparations, especially the potasse-tartras in solution, to be of signal service in numerous instances, I have also seen all its most distressing effects occasionally produced, with only the most transient tranquillity resulting from its employment. Both this popular medicine and all kinds of purgatives must be abstained from in the not unfrequent cases in which there is a very red tongue with various symptoms of gastric irritation; such as vomiting, depraved appetite, diarrhœa, and febrile disturbance. In such cases the blandest nourishment, warm bathing, and leeches, and small blisters, applied to the epigastrium, are the most useful remedies.

In the trials made by me, some time ago, of the effects of digitalis, I was so entirely disappointed as never since to resort to it. All its depressing effects were produced, and almost to an alarming extent, without any benefit, as it appeared to me, in any case. It is a medicine, however, which has been extravagantly praised in this class of disorders.

It is unavoidable that I should speak to you of the administration of one medicine after another, as if the regular administration of them was as easy and practicable as it would be in cases not involving the mind. But in acute mania every medicine is generally given with difficulty; and new dangers or accidents are constantly supervening, which interrupt the regular plan of treatment, or call for new kinds of resource, or for various applications. It is, therefore, necessary to revert to the actual condition of the patients whose treatment I am describing, and to consider, one after another, the complications and perplexities for which you must be prepared; for all the time that we are prescribing medicines, of which the object is to produce calmness, we have to guard against every obstacle to success that may arise from the excitement, and morbid energy, and activity of a patient who is never at rest.

ON INCISION OF THE TUNICA ALBUGINEA IN CASES OF INFLAMMATION OF THE SUBSTANCE OF THE TESTICLE.

Inflammation of the substance of the testicle is often attended by intense pain, which it seems rational to attribute to a kind of strangulation produced by the unyielding nature of the *tunica albuginea*. When this pain continues long, is of an intense nature, and obstinately resists the usual therapeutic means, suppuration of the testicle is to be dreaded. With the view of relieving these intense pains, and preventing the termination in suppuration, M. Vidal exposes the testicle and carefully divides the *tunica albuginea* by a longitudinal incision. He has already performed this operation fifteen times successfully; and in answer to any supposed permanent injury which the testicle might be supposed to receive from injury of the seminiferous canals by the incision, or from the testicle becoming fixed in consequence of union with the cicatrix, M. Vidal answers,—1. The inflammation of the testicle ends in resolution after the operation. 2. The wound of the *tunica albuginea* becomes confounded with that of the serous and other membranes, and the whole form a single cicatrix. 3. The cicatrix becomes linear, and then the testicle is found to be but slightly adhering to the other membranes. 4. Lastly, the testicle recovers its entire freedom, its ordinary volume, and normal consistence.—*Edin. Med. and Surg. Jour.*

INTRODUCTORY ADDRESS,

DELIVERED ON THE OPENING OF THE WINTER SESSION AT UNIVERSITY COLLEGE, LONDON,

Oct. 1, 1845.

By PROFESSOR WALSHE,

PHYSICIAN TO UNIVERSITY—COLLEGE HOSPITAL, &c.

Gentlemen:—The present age is said to be essentially characterised by its intellectual activity. It has become a sort of recognised truth, that at no previous period have mental energy and zeal been displayed to a tithe of the amount, to which they now prevail. Nor does it appear, upon examination, that we overvalue ourselves at the expense of our forefathers. In every department of mechanical art the scale and scope of progress are as vast, as its character and attributes are substantial and solid. Nor, again, does the advancement of the sciences, upon the successful application of which the perfection of mechanical art depends, proceed more slowly; it is not to new applications or combinations of scientific principles established by our predecessors, that the existing state of progress of that art is due. It is to the striking novelties (especially in chemistry and in physics) worked out by philosophers of the present day, and to the ready appropriation of inferences deducible from those discoveries, that the present marvellous perfection of the arts is due:—the advance of one is but a consequence of the growing perfection of the other. This is indeed so salient a truth—the connection between improvements in science and advance of practical art grows so obvious and so great a fact,—and worldly interests are felt to be so directly promoted by the general dissemination of sound scientific doctrine—that a peculiar social influence begins to exhibit itself as the manifest result. Men, whose position and avocations are utterly unconnected with the pursuits of physical science—who have been led by the tone of their education to look upon such pursuits with a feeling savouring rather of lofty disdain than of inquiring interest—these men now venture not only to exhibit solicitude in the well-being of those pursuits, but even engage in measures designed to further their advancement. Chemistry has, in fact, of late years attained, in this manner, what may be termed a distinguished social position. Chemistry and general physics, the whilom objects of general indifference, are now tenderly fostered: they are felt to be among the means to that which, with the mass of mankind, ranks as the great end of existence, wealth. For these reasons the fact of the prosperous state of the sciences in question is familiar to the world.

But while all this activity is displayed in connection with those sciences,—while clear and obvious practical goods are derived from their advance,—does the spirit of the age withhold its influence from others, less attractive in their outward nature, less obviously prominent and brilliant in their immediately ascertainable results? Has, for example, that science-art, medicine, to the pursuit of which *we* are devoted, stood still, while its kindred of the great family of knowledge have strode on with giant's pace? Shall we conclude that because charlatanical devices spring up, and continue (as they will probably ever continue) to attract the heedless multitude by their cunning delusions, that the professors of legitimate science have been idle? No. There is, in truth, no branch of knowledge which, in the conviction of those who are capable of judging, has of late years made advance more rapid and more solid than medicine. In acquaintance with the intimate phenomena of diseased processes and products we, of the present day, have vastly outstripped our immediate predecessors; in the facility with which we recognise the existence, and in the accuracy with which we define the characters, of maladies during life, we are incomparably their superiors; in the great object of our art, that of mitigating the sufferings and controuling the ravages of disease, our capabilities have notoriously become increased and invigorated. But, above all, we have the proof that our slow and steady labour tells, in the grand truth that the mean duration of human existence is on the increase.

Impressed with these ideas I have thought that the causes which may have conduced to the recent progress of medicine, would form a not unattractive topic for to-day's consideration. I shall accordingly succinctly state the opinions and conclusions which I have been led to form on the subject. It is well I should premise that the negative and positive sources of advancement to which I shall have occasion to refer, are too numerous, to allow of my bestowing more than very cursory notice upon each.

CLINICAL LECTURES

ON THE

PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM AT HANWELL.

BY JOHN CONOLLY, M.D.

PHYSICIAN TO THE ASYLUM.

LECTURE III.

Treatment of acute mania—The non-restraint system.

MANY inconvenient symptoms, alluded to at the close of the preceding lecture, embarrass the treatment of a case of acute mania; and it has been customary, both in asylums and in private practice, to meet these by the simple imposition of various bodily restraints, devised to prevent the free motion of the arms, legs, head, or trunk, or to prevent the patient from walking about or sitting up. All these means we here entirely and unconditionally reject. We reject them, because they meet certain difficulties very imperfectly; have no tendency to remove the causes of them; lead to the neglect of remedies; produce bad effects, bodily and mental; and retard or prevent, instead of promoting, a cure. But their abolition, doubtless, renders several modifications of the treatment of acute mania necessary; and it gives a livelier interest to the application of remedial means. If, when severe restraint is employed, we suppose the advantage to be, that immediate difficulties are suppressed, and time and opportunity afforded for proper treatment, we must be mindful that, if no restraints are employed, we have not only to think of medicinal treatment, but of other means of preventing immediate mischief. The question of how all the difficulties of such cases are averted, is naturally always put to us; and the practice of the asylum, which you have now opportunities of observing, must furnish the answer.

In a certain proportion of cases of recent mania, and even when the maniacal symptoms are acute, no bodily disease or disorder is discoverable, except that of the brain; and that is known, or concluded to exist, by the symptoms that are present, but which leave its actual nature unexplained. The white tongue, the quick pulse, and all the physical symptoms already mentioned, are, I presume, as well as the disordered mental faculties, the results or symptoms of a condition of the brain, or its membranes, which we term irritation, of which the degrees are many, and the duration is various; and upon which an inflammatory state often supervenes, with intermembranous effusions and deposits, and alterations in the structure of both membranes and brain. So little indication is there for ordinary medical treatment in some cases, that even the application of leeches, blisters, &c., if not mischievous, appears to be superfluous. In these cases, altogether to abstain from medicines may be the wisest course. A case of acute mania, neither aggravated by neglect or injudicious means, has a tendency to subside within a certain period; within about a month of its commencement, according to Esquirol. If that period passes by, marked by a mere remission, and followed by fresh excitement, our hope of an early cure is much diminished. In this important period, not only is the choice of means to be employed of consequence, but abstinence from a too active interference, and a limitation of our attempts to a scrupulous regulation of the patient's diet, and bodily and mental regimen, are chiefly requisite for his recovery. This is continually illustrated in a large asylum; and a forgetfulness of it is too visible in private practice, and will, I fear, be more frequently met with in private asylums, in which case books are now required to be kept, to be inspected by commissioners, many of whom are not physicians, and who can scarcely be supposed to understand that, because an insane person may gradually get well, and be discharged cured, without taking any medicine, or being submitted to any medicinal application, the cure is really owing to the physician's care; or that the whole management of lunatics might not as easily be conducted by men of business who know nothing of medicine, as they conceive legislation for lunatics or the regulation of asylums to be. But the means of remedy, in such cases, are applied from the moment of admission, and are only applicable in asylums, all the arrangements of which are made under the direction of those whose study and business it is to understand all the influences that may be directed on the body and on the mind. In proportion as insane persons are removed from medical care, the cure is neglected, and the treatment approaches to severity; and in all the arrangements for the insane, which are not subjected to medical opinion, ignorance produces almost as many evils as inhumanity. It is only in asylums, constructed and regulated by medical men, that any case of insanity has a fair chance of recovery, or of that amelioration of which every case is susceptible. Carefully regulated food, regular hours, protection from the severities of the weather, perfect cleanliness of clothing and bedding, proper occupation, the conversation of kind and judicious attendants, well-ordered amusements, the absence of every kind of irritation, freedom from all the exasperation belonging to old methods of treatment, relief from the useless advice or harsh reproaches of relatives; and, perhaps, above all, immunity from daily wants and cares, or daily anxieties connected with business;—these are really the means o remedy in the instances of simple irritation of the brain. We have no specific means of altering that state of the brain; but we can give the brain repose, and it will recover. This principle, which pervades the whole treatment of insanity, is so simple, and at the same time so obvious, that nothing could excuse my dwelling upon it but its long and almost universal neglect.

You will perceive, I think, how important it must be, in such cases, to do nothing that may prevent our discovering the first dawning of that recovery which may be expected to appear in a few weeks after the commencement of the attack. There will be much danger of this being overlooked, if the patient is loaded with restraints. These methods, so convenient to indolence, induce forgetfulness of the patient, cause his convalescence to be unnoticed, and it fades again amidst vexation and helplessness, perhaps never to revive. In the course of these lectures, we have seen a poor German musician, first, last year, when he had only been a few months in the asylum. When he was admitted, he was wild and incoherent in the highest degree; he ran wildly about, hid his face, stood on his head, threw summersets, and was restless night and day. He had been fastened down before admission, and, as usually follows, his back had become ulcerated from lying on wet straw, so that he was now unable to have the comfort of lying down without constantly endeavouring to raise up the pelvis for relief. He was also becoming indisposed to take food, had occasional vomiting of green matter, and pain of the side, and his appearance was emaciated and ghastly. In this case, the chief remedial means were those which I have just spoken of. He was at full liberty; he was kindly spoken to; and his state of bodily suffering received every attention. Leeches were applied to his side; the state of his stomach and bowels received careful attention; a blister was put behind his neck. At first, he took only bread and milk, or rice-pudding; by degrees his appetite and digestion improved, and he took meat and drank porter, and rapidly improved in physical health. In a few weeks his back was nearly well; he was losing the wildness and extravagance which at first were so remarkable, and he was often found amusing himself with a flute. Although his maniacal attack was of long duration, and attended with every difficulty incidental to such cases, he eventually recovered. As recovery advanced, his musical talents, which were considerable, revived; and the lively sounds of his violin, for a time often accompanied by very comical grimaces and dancing, amused his companions for many an hour, so that his departure was extremely regretted. The many examples of this kind which I have seen make me suspect that if we had fastened this poor man down in his bed, night and day, I should have had to point him out to you as an example of furious mania; unless, as not uncommonly happened, the state of his back, and the general condition of his health, aggravated by such treatment, had induced further irritation of the brain, a complete aversion to food, increasing debility, fever, and death.

Among our chronic cases, you will find not a few examples of an entirely contrary treatment to that which I am advising you to pursue. In female ward, No. 12, I stopped to-day, for a short time, to converse with E. F——, a stout, good-looking, middle-aged patient. I desired her to show you her wrists; and you found them indelibly disfigured with deep and broad cicatrices, the sequelæ of old and painful ulcers, produced by iron handcuffs, tightly fastened, and left on until these painful consequences ensued. That was the ancient method of treating a recent case. The patient can tell her own story, and she has often repeated it, with every appearance of accuracy. At thirty years of age she lost her husband, and soon afterward a child to which she was much attached. Her husband had been the master of a vessel, and she kept an inn, much resorted to by seafaring persons of a respectable class. Her

grief led to negligence of her affairs, and to embarrassment. She often forgot what she was about; used to sit down to breakfast, and then recollect that she had not lighted the fire; and she used to leave the doors of her house open, and her property was stolen. She became, at length, evidently insane. To melancholia excitement succeeded; and she was taken to an asylum near London. Here, then, was a recent case of acute mania; a case, probably of pure irritation of the brain; requiring, by its nature, all the kind and tranquillizing treatment to which its unhappy history seemed also peculiarly to entitle it. You have heard her account of what was done. On arriving at the asylum,—one of the houses licensed to receive pauper lunatics,—she was rudely undressed by some young nurses, and put, without any garment on, into a crib filled with straw; a large dose of purgative salts was given to her; she was then fastened by her feet to the crib, her hands were bound together by iron fetters round the wrists, and she had a kind of strait-jacket on. She asked what she was to do if she wanted to get out of bed, and was answered in the most vulgar terms. Having in this miserable state become dirty, she was taken out of bed, and to the pump, and pumped upon with cold water, and then, undried, taken back to her crib and fresh straw. She remembers and repeats her womanly remonstrances to the nurses, and the mocking answers they made to her. You have heard them, and can, I think, never forget them. In the same room with this poor woman there were several maniacs, all in chains, some singing, some swearing, some beating the walls; and in these scenes, to which this decent widow had been taken from a decent home, she became, she says, immediately worse; and being still fastened down could only sing aloud, which she did almost continually. For six weeks her hands were kept fastened night and day; and when the fetters were removed, her wrists were in the condition I have described to you. Such, until a few years ago, was the treatment of a recent case of acute mania; and such, in too many institutions, and in workhouses, the treatment still continues. From such places patients come to us with ulcerated wrists and ankles, crippled from long inaction, irritable and violent, or emaciated, feeble, and sinking; and they revive and improve under a kinder treatment, resume their activity, become cheerful and useful, and get well. Several instances of this kind are mentioned in my Annual Reports.

At your last visit you had an opportunity of seeing a newly-admitted case, which one might imagine to have been sent here, at this time especially, for your instruction. M. A. C——, a young woman, aged twenty, a servant, and unmarried, was received in the seventh or eighth week after exhibiting symptoms of mania. For three weeks of that time she had been in an asylum licensed to receive pauper lunatics, and, she says, she was kept in restraint the whole time, because she would not remain in bed. She came to us tightly bound up in a strait-waistcoat. Her wrists and ankles were marked with the restraints she had worn. On arriving here she was in a highly excited state, and talked wildly, affirming that Christ was her son; but she could occasionally make a composed answer to a question. She seemed particularly delighted to be freed from restraint, and enjoyed the warm-bath extremely; and she passed much of the first day in singing and laughing. For a little time her delusions continued, and she thought those about her were her children. Within one week, this poor girl, who had been fastened night and day before she came here, was to be seen, as you now see her, sitting very quietly in the ward, neatly dressed, and engaged in sewing. We find that there is some uterine excitement, the probable cause of the mental malady, and this, as usually happens when restraints are employed, appears to have received no medical attention until she came to this asylum, but to have been regarded as an additional reason for resorting to the universal remedy of restraint. Thus, the probable cause of the cerebral disorder, and the source of the peculiar delusions, was not looked upon in a medical point of view at all. This is the great evil of restraint, to which I particularly wish to direct your attention. I am painfully convinced that in houses where restraints are used this disregard of the cause of the malady is often inevitable; and its neglect makes the resulting irritation of the brain permanent and incurable. The means of relief, in this case, were, leeches to the pubic region, the warm hip-bath, mild aperient medicines, rest, and tranquillity. By these means we induce subsidence of the uterine symptoms, and the irritation of the brain and the delusions disappear. For such means, I need scarcely observe to you, the strait-waistcoat and iron leg-lock are miserable and mischievous substitutes. I have not a doubt that this young woman will recover. (She left the asylum quite well, within two months after admission.)

Another female patient, M. F——, now getting stout and well was admitted, last winter, in a feeble and deplorable condition; she had been insane eighteen months; her expression was wild and fatuous; her habits mischievous and dirty; she seemed to be nearly starved and mortification of the toes had commenced. This poor woman, whose age was only twenty-five, had become weak and low during protracted nursing, and then excited. She is now convalescent; and tells us that for several weeks before she came here, she wore a strait-waistcoat and iron wrist-locks; and that her hands and her feet were fastened to the bedstead at night. She describes these restraints as having been very painful, and they have left indelible marks. Two of her toes are lost, but she is restored to perfect health of body, has grown very stout, and is becoming quite sane; having doubtless been saved from dementia, or from death, by the treatment she has received in this asylum. Leeches were applied once or twice to the head; but good food, wine, fresh air, clean clothing, and liberty, have been the chief restoratives.

No cases are more likely to be left without proper attention, when the patients are in restraints, than those in which severe gastric symptoms exist as a part of the malady. I have often known such patients come to the asylum affected with vomiting or diarrhœa; the appetite depraved, the tongue red, and the pulse feeble and rapid. There is a case of this kind now in the male infirmary (R. E. ——). The patient is forty-five years of age; he was a small shopkeeper, failed, and then acted as a clerk, until he made so many mistakes in the accounts that he could do so no longer. Then he wandered from home, and at length was sent to a licensed asylum, from whence he came to Hanwell, having then been six months insane. He had been constantly kept in severe restraints for three months, and came to us reported dangerous to those about him. He complained of having been half starved during a week in which he was at the workhouse; talked with prolixity, but not with marked incoherence; called himself a wine-merchant, a clergyman, and said he possessed all knowledge in the world; that he was not to see death, and should get a large fortune by writing his life. It is evident that the bodily symptoms in this case, which were severe, had been overlooked. The patient had been troublesome, and restraints having removed this trouble in some degree, he was thought of no more. Soon after his arrival here, leeches were applied to the epigastrium; his diet was carefully attended to; he enjoyed perfect liberty of his limbs and body, and he at once began to mend. He has now gained strength; he works in the garden, and comes to chapel; he is growing stout also, and wears a cheerful, contented look. In a short time he will leave the asylum quite well. For awhile the result was doubtful; he became emaciated, and his mind was so deranged that he would say he wished to have fish for dinner because his heavenly father was going to dine with him. If the system of perpetual restraints had been persevered in, I cannot doubt that the gastric symptoms would have been exasperated, and that the patient would have died. Such cases demand peculiar care, and they generally reward it. I suspect that the gastric disturbance is partly to be ascribed to moral causes, resembling what has been somewhere described as resulting from imprisonment. Without omitting any means of improving the mental state, the evident and great disorder of the stomach and bowels should be the particular object. After leeches have been applied to the epigastrium, small blisters are sometimes serviceable; and the exhausting diarrhœa is sometimes effectually checked by the application of the spiritus terebinthinæ to the abdomen for a short time. The warm bath helps to allay the general irritation. The diet requires general regulation; it should be chiefly farinaceous, but must be varied, for the debility is commonly very great; milk, arrow-root, sago, macaroni, jelly, generally agree very well with such patients; but fish, chicken, and even mutton may be allowed, with boiled rice. Solid food is generally better than soups or broths; vegetables are not desirable: a little porter may be permitted; and if it disagrees with the patient, some wine is frequently indispensable, although the gastric state would scarcely seem to indicate it; for the patient is often restless, gets little sleep, and wastes his remaining strength in violent exertion, or in odd muscular movements and gesticulations, which are prompted by some delusive conviction in his mind. When the symptoms are obstinate, a few grains of the compound calomel pill, with one-fourth of a grain of the watery extract of opium, may be given every other night with probable advantage. A draught of the infusion of cascarilla, with half a drachm of the bicarbonate of potash, may also be given twice a-day. In some cases the hydrocyanic acid seems best adapted to the patient. To be much out of doors in fine weather, and

to live in well-ventilated rooms, are matters of importance. Harsh treatment, confinement to bed or to a cell, and the use of all kinds of restraints, aggravate such cases, induce distressing habits of uncleanliness, and make the patient's state in every respect worse.

But concerning these and all the varieties of acute mania, I have observed to you that the administration of medicines, and following out any settled plan of treatment, is attended with peculiar difficulties, arising from the irregularity or violence which belongs to the malady; and whilst I am discoursing of more medicinal means, you are naturally anxious to ask, as all visitors to an asylum do when such things are mentioned, how a patient is managed who is so furious that he will strike his head against the walls, or tear his flesh, or put out his eyes, or swallow any kind of dirt, or make ferocious attacks on every body who comes near him. You have now twice visited the twenty-seven wards, in which nearly one thousand patients are placed in this asylum, and will, therefore, be less inclined than you otherwise might be to distrust me when I say, in the first place, that such aggravated cases are rare. We look on the outside of an asylum with a painful belief that darkness, nakedness, howling, and fury make up the scene within; but these features of asylums belonged to a system which exists no longer. When the keepers, as they were then termed, dreaded approaching the violent patients, and raked away such parts of the dirty straw of their cells as they could reach, and handed food to them on a long shovel, and washed them with a long mop, the patients were in cages resembling those of a menagerie, and chained to the wall, unclothed, for weeks, for months, for years; and the keeper was as surely armed with a whip as is the huntsman who visits his kennel. Madness, under such a system, and under a better system, is scarcely the same disease. In those dreadful places it was the compound product of disease and neglect, and the traces of humanity were almost obliterated. We now see it as a pure disease, and are suprised to find its phenomena less terrible than we expected. You have been to-day in eight wards assigned to our worst cases. In some you have witnessed great excitement, loud talking and activity; in others, have heard scarcely a sound. Only two or three of the patients were locked up in their rooms; only one was in a padded room; and even those were, with one exception, not noisy when in seclusion, although too much excited to be safely at large. Such is the general state, even of the refractory wards, but liable, of course, to frequent, sudden, and sometimes dangerous interruptions; for whatever system is pursued in an asylum, cases of excessive violence, calculated to produce great anxiety, must present themselves, (and the quietest of the patients are subject to paroxysms,) and these, doubtless, call for all the resources of practical management, but are all manageable, if proper activity is combined with a humanity so resolute that no difficulty can drive it to the adoption of cruel expedients. There is no more real necessity for abandoning the principles of our healing and humane art in the treatment of insanity than in the treatment of simple bodily disease.

Our great rule at Hanwell is, even in the case of a violent patient, not to interfere unnecessarily. The superintendence is constant, the interference only occasional; yet always prompt enough to prevent mischief, instead of permitting and punishing it. The word "punish," indeed, is not permitted to be pronounced in the asylum. When the brain is much excited, the active gesticulation, the vehement exercise, and the loud voice of the patient, are natural results of the excitement, and relieve it. If any of these actions are excessively indulged, they possibly cause a re-action on the brain, and, for that reason, and also because they are often incompatible with the comfort of others, we interfere, and try to moderate them; but our interference is chiefly directed to removing the cause. If we interfere with the effects, we are careful to do so in a manner that may not counteract our endeavours by adding strength to the cause itself. Thus, although we neither fasten a maniacal patient to his bed, nor put on restraints for him to walk about in, (a spectacle always unwelcome to the other patients,) or employ attendants to hold his arms, as represented by the advocates of mechanical restraints, we very vigilantly watch him. He is allowed to walk about, unbound, from the hour of his arrival, but all means of mischief are removed from his reach. Our windows and doors are secure, without the air of imprisonment; and our attendants are accustomed to look after patients without seeing them by appearing to do so. Unfortunately, descriptions cannot convey to you a just impression of the effects produced on a violent maniac by a good-natured attendant; you will, however, see them illustrated in the wards. You will find noisy, restless, violent patients, who, according to the rules of ordinary treatment, would be shut up in the dark, or wearing the sleeves or strait-waistcoat, or fastened in bed by the hands and feet, and waist and neck, here permitted to walk up and down our long galleries, or up and down the airing-courts, or riding, if they choose, on the large and secure rocking-horses placed there for exercise and amusement, and which often seem to give as much pleasure to the attendants as to the patients. But all the time these patients are diligently watched by those attendants who have no other business, or duty of any kind, but to pay attention to them, and make themselves companions to the patients, and to become their protectors and friends; exacting from them only that limited and cheerful obedience which is usually soon yielded. No excuse is admitted for remissness in this important duty by the attendants; for on its just performance the safety of the patient, and of other patients, and even their own, depends. The patient is in continual action, ever changing his place, and undertaking something new; and as long as he is out of doors, or out of his room, he must not be left for a moment; and our attendants know that they are engaged for the especial purpose of protecting the patients in all circumstances, and they find that this trouble saves them much greater trouble, and of longer continuance, and prevents many inconveniences and dangers.

It is not often that violent and noisy patients, thus treated, continue constantly noisy and violent throughout the day; if they do, the attendants must relieve each other in the duty of looking after them. Commonly, the patient has intervals of quiet, or of sleep; or he is eager for food, and pleased when it is brought to him; and if he cannot be trusted with a knife and fork, it is cut up for him, and it is generally taken with manifest contentment. Not only are there quiet hours, but quiet days, in cases of acute mania, often suggesting, in an asylum, a removal from a refractory to a quiet ward; but this tranquillity is often interrupted by fresh outbreaks, sudden, and many times repeated. Such calm intervals are precious to the practitioner, but lost if the patient is treated with distrust and kept in restraint. A female patient in ward No. 8 (A. K——), exemplifies these circumstances strongly. Her demeanour to-day is mild, her manner perfectly tranquil, her voice gentle, and her countenance pleasing; to-morrow, she may be walking rapidly about, talking violently, hiding herself in corners, and all gentleness banished, for a time, from her face; but even in this state, a few words addressed to her by those whose kindness she recollects will suspend this excitement for a few minutes, although they cannot all at once remove it.

Still, there are cases in which it is not practicable at all times to let the patient be in the galleries; for he is sometimes irritated by the sight of other patients, or cannot be prevented from interfering with or striking them, mistaking them for some supposed enemies: or the patient may be furious, unappeased by kindness, and deaf to all persuasion. In such a case, it is not only better for the other patients and the attendants that he should be put into his own room, but much better for the patient himself. We, therefore, seclude him. He is simply put into his bed-room, and the door is locked, and he is left to himself: sometimes, but not always, the window-shutter is closed, and, as it is locked, the patient cannot open it. If the patient is very much agitated, or destructive, the seclusion is effected in one of the padded rooms. It is often easy to persuade him to go quietly into the room; but if this cannot be done, the attendant blows a whistle always worn by him and is immediately aided by the presence of five or six attendants from other wards. This is done to prevent a struggle in which either the attendant or the patient would be hurt. A violent patient will resist two or three attendants; but when he sees five or six he gives up the point. When this is done further attempts are made to persuade the patient to go into his room and be quiet; and if he resists all entreaty, the attendants surround him, and securing him as quickly as they can, carry him into the room, place him on his bed, and retreat. Much depends upon this being done dexterously and rapidly, and without any injury being received or given. If any instance of this kind of seclusion takes place when you are in the wards I beg you to pay especial attention to the necessity for it in the particular case, to the manner in which it is effected, and to its immediate effects on the patient. After the door is locked, if you quietly observe the patient through the inspection-plate, you will see that in almost every case he seems a little surprised to find himself so suddenly alone, and lies down or walks about like a man recovering from a fit of passion. Sometimes he continues violent and noisy, but not often or long. The seclusion is immediately reported, and a daily report is made of each seclusion. It is continued according to circumstances from one hour to several hours; seldom for the

whole day. The patient is frequently looked at through the inspection-plate, without being disturbed; and his seclusion is not rendered bitter to him by restraints, which are not only unnecessary to its efficacy but destructive of it. Food is taken to him; water is given him to drink; and all his reasonable wants are attended to. By degrees, the tranquillity he enjoys, and the absence of all irritations that could excite his disordered brain, produce entire calmness, and then he is invited to come out and sit at the table, or by the fire. After the seclusion, he comes out of the room without anger, without any sense of mortification or annoyance. This is the seclusion which the admirers of restraint term solitary imprisonment; forgetting that they practise the same seclusion, but with the fretting addition of the strait-waistcoat, and straps or chains; forgetting also, that in every other case of irritable brain, as in fever or inflammations, a careful physician never fails to exclude noise, light, or whatever acts strongly on the senses. The application of this salutary principle to a maniac is accomplished by seclusion; and it becomes, therefore, at once a measure of safety and a remedy.

As when pursuing the simple medical treatment of the acutely maniacal, your attention must be actively directed to measures of security, so, on the other hand, when these are completed, you must steadily consider whether any further medical attempts are likely to be serviceable. When the scalp is hotter than usual, and renewed excitement appears, the repetition of leeches, applied to the forehead or behind the ears, is almost always of some service. Blisters are also occasionally useful; and in those who are extremely wild and unmanageable, the irritation of the shaven scalp. The difficulty to be naturally expected in accomplishing these points of treatment gives way in most cases to the efforts of patient attendants—and is not, perhaps, so great as that of administering medicines—which is often opposed to resorting again to the tartarized antimony as an internal remedy. When the attempt was first made to meet all the difficulties of acute cases of mania without restraints, it was thought indispensable to add to the discomfort of a blister, by putting the patient's hands into a leather muff for several days, that the blister or the dressing might not be displaced. If you look at this much praised invention, you will see that it could not but heat and irritate the hands, and make the patient thoroughly miserable. We adopted a simpler expedient, free from these objections; and if necessary, we cover the blister, and afterwards the dressing, with a case made of ticking, which is made, as you perceive, very much like a man's ordinary waistcoat, but is fastened with little round locks instead of buttons. An inspection of this vest or blister-case will show you its advantages. But the curious circumstance is, that these blister-cases are now very little in requisition. It would seem as if removing blisters, like many other inconvenient habits, grew up most strongly amidst the discontent prevailing in asylums where mechanical means of opposition are most relied upon. But it is desirable always to have these unobjectionable dresses at hand, and to insist on their being properly made, to prevent representations of their being of no service. A cap of the same materials, and similarly fastened, is useful when the scalp is irritated, to prevent the great addition to the irritation that might be occasioned by the patient's hands. On some occasions, when the attendants were yet reluctantly abandoning the imposition of restraints, it used to be reported to me that, in such and such a case, the blister-case was of no use whatever; and on examination I have found the cap for the head had been applied round the neck instead of the proper case for the purpose. This is but one of the many illustrations of the necessity there is in an asylum for vigilant inspection by the physician, if he makes important changes in the ordinary treatment of the patients.

In many cases, where it is not necessary to apply irritating ointment to the head, it is productive of relief to shave the scalp. This, alone, produces a coolness which is grateful to the patient, and it facilitates the application of cold to the head, by means of a wetted cap, or a bladder containing ice. But of all means of allaying heat of the scalp, and of the surface in general, and also great cerebral excitement, the shower-bath, if properly administered, is the most efficacious. It has, no doubt, an effect on the patient's mind, as well as on the body, and is generally disliked; so that its application should only be resorted to for the actual relief of the excitement; and pains should be taken to make the patient understand that this is the object of it, and that it is a remedy, not a punishment. I think the *douche*, or a column of water descending upon the head, is objectionable; six years ago I frequently employed it, and it is doubtless an efficacious means of allaying high excitement, but it distresses the patient much, and as it appeared to me that all its good effects were obtained by the shower-bath, without the severe distress, I have wholly discontinued its employment. The cold affusion, so much practised in some of the foreign asylums,—the patient being placed in a tub, whilst a dozen or more pails of cold water are thrown over him,—seems to me to be more a method of repression than of cure. It is applied to those unable to work, for instance, on a principle of which the tendency is to encourage every kind of severity. The bath of surprise, or sudden plunging of the patient into cold water, is still more objectionable.

For the success of the shower-bath, in cases of excitement, the bath should be well-constructed, and supplied from a cistern, so as to afford a continuance of the shower at the will of those superintending its application. The feet and legs of the patient should be in warm water, and the shower of cold water should be continued from thirty to forty, or sixty seconds at a time, or rather longer, if the patient seems in no degree affected by it. The patient will probably dance, sing, shout, and attempt to fight, and get away from the bath; but he should be surrounded by attendants, who must try to keep him in good humour. The continued shower usually takes his breath away, and interrupts his proceedings; then, it may be suspended; as soon as this is done, he begins again, and the shower should be renewed. Without the renewal, the bath is a mere recreation to him, and produces more vigorous excitement, instead of subduing it. This, with some patients, requires to be done half-a-dozen times; but, commonly, two or three visitations of the shower make the patient willing to listen to pacific overtures. If he promises to try to control himself, he should instantly be removed from the bath; but if he will not make any promise, humanity, and even prudence, dictate moderation, and he must at length be removed, and the remedy tried another day. Sometimes a patient is excessively subdued for a time by the bath thus applied; and in all cases, great care should be taken to add to the good effects of the bath, by kind attention paid to the patient after leaving it, and by friendly and explanatory words. It is often desirable, after the patient is carefully dried, to place him in bed, and give him some broth, and to sit by him for a time and try to console him. In the case of female patients, these attentions are frequently much required. I shall make no apology for mentioning all these minute matters. Nothing is insignificant in the treatment of disorders of the mind; and all these attentions are not only of consequence to the patient, but diffuse salutary influences through a house full of disordered feelings and propensities.

There are cases of acute mania in which the shower-bath is of less service than the warm or hot bath, and others in which more benefit is derived from pouring a moderate quantity of cold water on the head from a jug, or by the hand-shower bath, whilst the patient sits up to the neck in the warm bath, than from any other application of bathing as a remedy.

Conjoined with the use of baths, in whatever form employed, the selection and application of sedative medicines exercises a remarkable influence over this stage of the malady. Our attention is naturally directed with anxiety to this important class of remedies, concerning the effects of which, as of most of the articles of the materia medica, our supposed knowledge is found to be, perhaps, the more uncertain in proportion to our actual means of ascertaining them. Yet the reasonable belief, almost amounting to certainty, that in many examples of recent and acute mania, as well as in the recurrent paroxysms of chronic cases, the state of the brain is merely one of irritation—a state which sedatives are well known to relieve—affords a promise of great benefit from such medicines. The well-known effects of sedatives in the treatment of delirium tremens, a very aggravated form of cerebral irritation; and the authentic cases on record of a complete cure being effected in some forms of puerperal mania, in delicate and irritable persons—particularly in the higher ranks of society, in whom the nervous system has become excessively sensitive—strengthen our expectations, and impart much interest to the consideration of the separate sedatives and their effects, on which I shall lay before you the results of such observations as I have had opportunities of making when residing in the asylum, and able to watch the actual effects of the medicines prescribed.

TREATMENT OF WARTS.—The hydrochlorate of ammonia dissolved in water, and the hydrochlorate of lime are the most certain means of destroying them; the process, however, in both instances is very slow, and demands perseverance, for if discontinued before the proper time, no advantage is derived.—*Erichsen's Advice on the Hand.*

residuary mass a not inconsiderable amount of enrbonnte of potass and cyanide of potassium, leaving an insoluble powder, similar to chromate of lead. This powder contains, besides an oleaginous body which has not yet been further investigated, two new peculiar substances, to which Rochleder has assigned the names of *benzostilbine* and *benzolone*.

Benzostilbine is obtained by boiling the yellow residuary powder with alcohol; a few drops of hydrochloric acid nre added to the alcoholic solution, which acquires, upon this, a blood-red tint; this tint disappears again after a few moments, and benzostilbine separates from the fluid in small, white, brilliant crystals. The composition of benzostilbine is expressed by the formula—

$$C_{31}\,H_{31}\,O_1$$

Benzolone remains, after the extraction of benzostilbine, as a fine light yellow powder, which dissolves in moderately heated concentrated sulphuric acid, imparting a magnificent red colour to the solution. Upon mixing this solution gradually with spirits of wine its colour changes to green, and small crystals of benzolone separate. Benzolone is insoluble in water and alcohol. Its composition is expressed by the formula—

$$C_{13}\,H_6\,O$$

Neither benzostilbine nor benzolone are decomposed by the action of potass.

The process of the decomposition of the hydrobenzamide, induced by the action of hydrated potass, appears to be this: the hydrobenzamide assumes the elements of three equivalents of water and becomes converted into benzostilbine and benzolone which contain all its carbon, whilst the nitrogen escapes in the form of ammonia:—

$$\underbrace{C_{42}\,H_{18}\,N_2}_{\text{Hydrobenzamide.}} + \underbrace{3\,H\,O}_{\text{Water.}} = \underbrace{C_{31}\,H_{31}\,O_1}_{\text{Benzostilbine.}} + \underbrace{C_{13}\,H_6\,O}_{\text{Benzolone.}} + \underbrace{2\,N\,H_3}_{\text{Ammonia.}}$$

The other products which appear conjointly with these (the hydrogen, carburetted hydrogen, carbonic acid, and cyanogen) are the results of a more complicated re-action which accompanies the principal process.

Benzostilbine and benzolone, however, are, upon the whole, only subjects of subordinate interest, and I have, therefore, but briefly touched upon them; but Laurent has recently discovered a very interesting substance which is formed when hydrobenzamide is exposed to the action of heat. I must, however, postpone the further consideration of this subject till next lecture.

VENTILATION OF SMALL AND CLOSE DWELLINGS.—For this purpose the balanced valve chimney ventilator, invented by Dr. Arnott, which allows the vitiated air to pass into the chimney, but prevents the return of smoke, may often be applied with great advantage; it is cheap, costing only a few shillings, is most simple in its operation, not liable to derangement, and requires little or no care; indeed it is so efficient, that we feel assured its universal introduction into every sitting-room, drawing-room, and sleeping apartment in the Kingdom, whether of rich or poor, would be an incalculable benefit. There are, however, some difficulties opposed to the effective action of this contrivance, the principal of which arises from the defective construction of chimneys, which are, and especially in humble tenements, much too large, and thus prevent the necessary draught. A fire is also requisite to produce a full effect, but this is usually provided, even in summer, among the poor for domestic purposes. Dr. Arnott has also devised a simple and effective plan for ventilating rooms where many persons are collected together, and which might be applied advantageously in a vast number of instances. It is as follows; the skirting-board should be removed from the wall so as to form a space for the admission of fresh air; the space thus obtained, is closed in at the top by finely perforated zinc, and communicates with the external atmosphere by an opening, which, being provided with a valve, regulates the quantity of air to be admitted. The most efficient means for supplying fresh air to large masses of people is, however, the *air-pump*, also contrived by this distinguished and philanthropic member of our profession. The first notion of this apparatus appears to have been derived from the celebrated Dr. Stephen Hales, who proposed a large bellows for the purpose, but which was constructed on such erroneous principles that the value of the invention was greatly diminished. The air-pump of Dr. Arnott drives into the room or place to be ventilated any required quantity of air with a very slight expenditure of power, and it is thus admirably adapted for work-rooms, manufactories, schools, churches ships, &c.—*Brit. and For. Rev., Oct.*

CLINICAL LECTURES
ON THE
PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM AT HANWELL.

BY JOHN CONOLLY, M.D.,
PHYSICIAN TO THE ASYLUM.

LECTURE IV.

Treatment of acute mania continued.

SINCE the commencement of this clinical course, the application of sedative medicines, to which I alluded at the conclusion of the preceding lecture, has received some illustration in a few cases of recent and acute mania. But to arrive at perfectly satisfactory conclusions concerning the effects of medicines of this class it is necessary to live in an asylum, and to visit the wards frequently, and every day, and even in the night. Few reports of the circumstances with respect to which we require information are to be depended upon. Full opportunities of observation can be enjoyed by few medical men, and the want of them renders the utmost caution necessary in receiving the confident opinions so often pronounced and published. Even after such opportunities, I feel the imperfection of my experience on this and many other points; and in truth can but consider that clinical observation of them is only commencing, and, acknowledging the incompleteness of this part of practice, place it before you as a field of investigation worthy of your own industry, and promising of results.

If I can rely upon my own recollection and notes of the numerous cases in this asylum, and in private practice, when I have taken every precaution to avoid error, I should say that the application of sedative medicines to recent cases of mania is of very limited usefulness. In the more chronic forms of the malady their efficacy is greater; and in many cases both of chronic mania and melancholia they are of the utmost service.

In the case of J. S——, a man admitted in a recent stage of mania, and in the acute form, sedatives were given after the application of leeches; they were found ineffacious until given in large and repeated doses, and their effect was even then unsatisfactory; they seemed even to increase his excitement, procuring only occasional sleep, from which he awoke more violent than before; opium in any form seemed to excite him more—an effect I have but too often noticed; and the tincture of henbane was but temporarily useful. In this case, which terminated fatally, the brain was intensely injected; blood was effused in the arachnoid cavity; the cortical substance was scarlet, and mottled, and the medullary substance pink. A. F——, a woman aged forty, after two months of depression, became excited, and, after being three weeks acutely maniacal, died from the exhaustion which so often supervenes. Sedatives had given her no relief. Portions of the cortical substance were very soft, dark coloured, with numerous red spots; the white substance vascular; there was effusion in the sac of the arachnoid. Another female patient, A. G——, aged fifty-three (1844) died after being maniacal four months; sedatives had in her case been useless; and the whole brain was much injected. The appearances in these cases perhaps explain the inefficacy of all the means employed. But in the cases of H. Y——, (1842) in female ward, No. 8; and in M. A. T.—(1844) in female ward No. 5, continued excitement existed, resisting all treatment, and terminating fatally; and in these instances the substance of the brain was very little altered, and the principal morbid change was effusion beneath the membranes, and in the ventricles. The same course, and the same results, and the same appearances characterized the case of C. T——, aged thirty-four, in female ward, No. 8, who died after being acutely maniacal about four months.

A male patient, A. T——, aged thirty-six, a coachman, was admitted in August. The loss of his situation brought on an attack of mania, in which he threatened the life of his wife, tried to get out of a window, and said the devil was in his room. When admitted, about a fortnight after his attack, he was thin, pale, restless; always talking incoherently, or singing; his tongue was white, but it soon became dry and coated, and then, in a few days, moist. At first he refused food, then took it freely; the bowels were costive; his voice was hoarse; the pulse at first 96, soon afterward 120, and always very feeble; he could give no distinct answers. Here was a case of recent mania from a moral cause. Leeches

were applied to the head; he had warm-baths; croton-oil was given when food was refused; the tincture of henbane at night, and, after a trial of this medicine, porter: but he sunk rapidly; became quiet and sleepy, and died ten days after admission. We looked with much interest to the appearances after death; the blood-vessels of the dura mater were slightly injected; there was a little serum at the base of the brain; the vessels of the pia mater were gorged, and in some portions of it there were patches of suffused blood. The membrane could not be detached from the brain without injury of the cerebral substance; the grey substance was pink and mottled; the white substance much injected; the ventricles contained more serum than natural. In such cases, attended with the symptoms I have mentioned, I fear there is little to be hoped from any treatment; and, at all events, sedatives appear to be quite useless.

These are all, or nearly all, the cases in which I have witnessed the exhaustion consequent on acute mania end in death in this asylum; and the appearances after death afford no uniform explanation of a fact—with which mere empirical practice makes us acquainted—that there are very few cases of acute mania in which sedatives are advantageous, and that the most violent cases are generally the least under their control. Yet I have said to you that in chronic cases they are often highly serviceable, and I am equally satisfied that in some of the acute cases—cases in which it is probable that the cerebral irritation is not accompanied with great activity in the cerebral circulation—timely sedatives are salutary. A few days ago S. C—— was admitted to the asylum, and placed in the female infirmary; she is twenty-five years of age, unmarried, and suddenly became insane four weeks ago, when she was about to be married. Four precious weeks have been lost in a house licensed to receive paupers. The results are a body covered with bruises, and wrists and ankles scarred with restraints. She is restless, timid, feeble, incoherent; she does not know where she is, or who is about her; the pulse is 140, excessively weak; the tongue is clean; the skin is now warm, but on admission it was cold, and she appeared to be sinking; there is no particular heat of the scalp; the countenance is distressed; she scarcely takes food; the urine is scanty; she gets little natural rest. She tried to climb up a window, and she took off her clothes, or tore them; she was, therefore, placed in a padded room, and dressed in a warm strong dress. She took a little wine with great satisfaction, and then ate some bread; but continuing restless in a high degree, by night and day, a sedative was given her, the tincture of henbane, of which she took two drachms. She was first put into a warm-bath, immediately after which she was more excited than before; but soon after taking the sedative, and having cold water applied to her head, she became calmer; she had a tranquil night; and the next day she was no longer disposed to tear her clothes, was able to walk about a little, and appeared to be comparatively comfortable. In such cases, a dose of a sedative at night seems to be evidently serviceable; but more frequent doses only stupify the patient and, as it were, mask the disorder. It seems to be in cases in which the pulse is soft and weak, the skin of moderate warmth, and the whole bodily condition of the patient languid, that sedatives are chiefly useful, by allaying nervous irritability. In one of the excellent Reports of Dr. Hutcheson, of the Glasgow Asylum, I have seen the same opinion expressed; and I doubt the useful extension of this class of remedies to other forms of acute mania. Their administration produces, in some instances, a great augmentation of the excitement; and, generally speaking, where they fail to act as sedatives, they are positively injurious. I believe it to be true, as observed by Dr. Seymour, that where vascular excitement exists, together with increased sensibility of the brain, the restlessness is actually increased by the administration of opium.

As regards the medicine to be selected in such cases, I have also to confess my inability to perceive the nice differences in the effects of the various and numerous preparations of opium of which I read, and which entitle any one of them to a constant preference. In ordinary practice we find their effects continually modified by idiosyncracy; and this is equally or still more the case in mental or nervous disorders. With some patients laudanum acts with certainty, and like a charm; others derive comfort for long periods from the acetate of morphia; to some the liquor opii sedativus is alone tolerable; and so of the rest, for their continually increasing number testifies the frequent disappointment incidental to the use of those which went before. In acute mania, I give the preference to the preparations of hyoscyamus, and the ordinary dose of the tincture—the form in which we most commonly give this medicine—should be two drachms; or of the extract eight or ten grains. Indeed, whatever sedative is employed, the dose should be large. Less than a grain of the acetate of morphia is productive of no good effect whatever; and laudanum requires to be given in doses of a drachm, or at least of forty or fifty drops. I am speaking of acute cases, for in those of longer continuance use often makes much larger doses necessary. Whatever sedative is given, it is prudent, if the head is at all hot, to apply cold to the head by means of small napkins wrung out of cold water, or a double cap of thin materials, kept wet.

The Indian hemp, which has been lately introduced into English practice, seems to be a valuable addition to our means of controlling vehement nervous disorders. I believe there is very little of the genuine Indian hemp now in Europe, but if our observation of its effects in this asylum is not altogether erroneous, it must become an important article of commerce. Few practitioners are less disposed than myself to trust in the alleged powers of new medicines, or more difficult to convince of the actual effects of many of those of older reputation; but after some careful trials of the tincture of hemp I feel justified in speaking well of it. It is chiefly useful, I think, in chronic cases, in which my own opinion of its good effects is strongly confirmed by the numerous trials made of it on the male side of the asylum by Dr. Begley; and on the female side by Dr. Nesbitt, and more recently by Dr. Hitchman who, however, has observed that its effects are uncertain, and that when it does not produce sleep it causes pains and twitchings in the limbs. This is exemplified in M. A. P——, in female ward, No. 10; and it suggests caution in the employment of the remedy. I have known the tincture of hemp useful, although less generally, in acute cases. In one, where the symptoms closely resembled those of delirium tremens, all the unfavourable characters of the disorder disappeared in two or three days, during which the patient took ten drops of the tincture every four hours, and no other medicine. In this, as in some chronic cases, it seemed greatly to increase or to restore the desire for food. You have noticed an active young man in the airing court of the refractory ward, walking quickly about with a kind of military air; he is convalescent from acute mania: too much mental exertion, too much care, and, taken for relief of this, too much opium disordered his brain and interrupted his pursuits, which were those of a man of education. A difficulty existed in the way of giving him sedatives, in consequence of a vow he had made never more to take any of them. He knew the taste and smell of opium and henbane too well to be deceived into swallowing any; yet his irritable state seemed particularly to require some sedative appliance beyond leeches, aperients, and the shower-bath. He was unacquainted with the taste or properties of the hemp, and it was given to him, in the form of extract, with such marked advantage that we consider his present favourable condition in a great measure to be ascribed to its use; and we now entertain no doubt of his entire recovery. In J. B——, a young Scotchman, not long maniacal, the medicine seemed to be equally beneficial. The dose of the extract given has been from one to two grains.

A drachm and a half, and sometimes two drachms, of the tincture have frequently been given in chronic cases of recurrent mania, and although generally with good effects, sometimes without any effect whatever. The tincture employed has been procured from the Apothecaries' Hall. Some tincture prepared from English hemp entirely disappointed us. The warm sun and warm soil of a tropical climate seem to be required for the development of the medicinal properties of the plant.

In those distressing cases, mentioned in a former lecture—in which mania comes on with symptoms of fever, and the patient is excessively feeble and yet extremely restless and violent at the same time, the tongue being coated and brown, and scarcely any food being taken—all sedatives seem to me to be useless, or worse than useless; and in every case of acute mania it is important to avoid giving sedatives for a long time, or in frequently repeated doses, as they either obscure the symptoms or modify without amending the patient's condition. In private practice I have met with cases in which patients had been kept more or less under the influence of the acetate of morphia for many months; and certainly with no good effect. Their repetition in increased doses, where they disappoint the first trials of the practitioner, may be followed by very distressing consequences; by wilder excitement, and rapidly increasing debility. To all the preparations of opium the general objection exists of their producing constipation, an objection to which the hyoscyamus is not liable, or the

tincture of hemp. I do not pretend to mention every thing in this short course: and it is unnecessary to occupy your time by separately discussing the merits of sedatives of minor power, as the belladonna, camphor, the tincture of hop, &c. Upon the whole, the most useful observation which I can make to you concerning the employment of sedatives in acute mania is, that their actual effects, immediate and remote, yet deserve attentive clinical study, and that the diligent observation of many intelligent medical men, resident among the insane, can alone elucidate the interesting question of their precise value.

If their administration in acute mania is as unsatisfactory as my remarks intimate, it becomes the more incumbent upon the practitioner to consider what tranquil influences, not included in the materia medica, he can bring to bear on the patient. Exercise in the open air is one of the best: and there are not many cases in which, during some part of the day, it may not be permitted. If the patient can be trusted, he may be allowed to walk in an airing court for an hour, when no other patients are out: and if an attendant is required, or even if two attendants are necessary, he should be accompanied by them; and the exercise and air will help to cure his distempered brain. If the last walk is taken a little while before the patient goes to bed still greater advantage may be obtained by it. The next remedial influence is that of a mind rendered quiet by the absence of every thing that can disturb it; opposition, contradiction, reproof, all must be avoided; gentleness, patience, forbearance must be perpetually exercised. These attentions assuage the irritability and mutterable anguish of many minds. Nor must ordinary methods of procuring mental relief by physical comforts be despised. A supper of pleasant food, and a glass of home-brewed beer, or porter, or Scotch ale, are sometimes productive of a better night than "poppy or mandragora, or all the drowsy syrups of the world." Their effect is often so much better than that of other sedatives that it seems reasonable to ascribe it in some degree to the mental, and in some degree to the physical, satisfaction which it gives to the patient. A few days ago, I found a maniacal lady—who had very recently become insane, and was placed in a private asylum—struggling with the assembled servants, trying to run away, to undress herself, and to throw her clothes, and the moveable furniture, into the fire. There was no heat of the head, or whiteness of the tongue; the face was pale, and the pulse feeble. The only sedative at hand was laudanum, of which forty drops were given to her, and the dose was repeated in a few hours, with a great increase of violence. The next evening the patient helped herself to a large glass of excellent beer, intended for somebody else, and she had a tranquil night. After that the beer was given every night, and no other sedative; and the patient slept well, and improved rapidly.

In several cases at Hanwell, I have observed the good effects of some supper and beer, even in the chronic cases; and some remarkable instances of violently maniacal patients being tranquillized by Scotch ale given at bed-time, fully confirming the remarks long ago made in Mr. Tuke's work on the York Retreat, and which remarks have, doubtless, led to the mitigation of the lot of many a restless lunatic. Every body knows the occasional relief obtained, in states of exhaustion and irritability, by taking one or two glasses of wine; and there are patients whose paroxysms of mania are even relieved by what are ordinarily considered stimulants. The mind is, doubtless, somewhat acted upon in these cases by a sense of being indulged and confided in.

We observe in a great number of recent cases of mania that the patient is tolerably quiet all day, but restless and noisy all night. A few are maniacal in the day time, and yet at night sleep well. Some have an alternate noisy and quiet day. What the precise condition of the brain is in this recurrent state of agitation we cannot say, or easily imagine, for the ordinary symptoms really give us no information about it; the head and surface being often cool, the tongue clean, and the pulse tranquil. It has long been known, by those conversant with the habits of the insane, that many of them during these paroxysms of excitement have an aversion to lying down, and manifest a sort of instinctive avoidance of the horizontal position. If sedatives do not relieve this, and sleep is still denied to them, it is in vain to combat the mere results; and worse than vain to deprive the sufferer of the poor comfort of getting out of bed and walking about. The unquiet nights are a part of his malady, which for a time resists all our efforts; and the sleep obtained at intervals during the day is all that the state of the brain permits. Yet the general practice has been to fasten such patients to the bed. In our wooden bedsteads I have pointed out to you the places where rings or buckles were formerly fixed, at the foot, at the head, and at the sides; to these, straps were easily fixed, for the purpose I have mentioned, but the straps and the rings have disappeared. It was evident that such bondage did violence to an instinctive feeling which a physician ought to respect; and it was probable that it accumulated some additional and peculiar distress on the patient, which was only avoided when the recumbent position was refrained from. It was opposed, also, to the commonest experience of us all. There are few sufferings of the insane which have not transiently visited almost every sensitive mind; and on these visitations salutary sympathy has a part of its foundation in every breast. The temporary infliction of a state of the brain and nervous system which forbids sleep, is of all these the most common; and common sense and experience have taught us all how it is best relieved; to the insane alone, where this restless state is more aggravated, we deny the relief. Who among you does not know, that in a long and restless night the best refreshment is obtained by getting out of a hot bed, and drinking cold water, and looking out at the tranquil sky; or by reading a book, or by writing some of the thoughts which have kept us waking; or by walking about in a cool room until both mind and body become less irritable, and we can lie down in a state which permits the blessing of sleep to fall upon us. Ask yourselves, then, for what reason, or on what principle, the poor, fretted, heated, irritable maniac, who tosses about in his narrow crib, and cannot close his eyes, and whose active thoughts torture him, and who, therefore, gets up, and walks to and fro in his cell, should be forced back again, and tied down by strap or chain in a bed from which all refreshing slumber is driven, and all peaceful and composing associations? The patient's state is made worse by what he feels to be an injury and outrage; and it was by patients, thus fastened, that the cries and howlings, yet remembered by those who used to pass the walls of the ancient Bedlam, are described as having made night hideous. The patient can scarcely use his limbs, and he therefore shouts or sings with all his might; and he vents the bitterest execrations on all who come near him; for he feels that they come as tormentors, not as friends. All these symptoms, the creations of restraint, are adduced as apologies for its application, and reasons for its continuance; and all good feeling between the patient and the attendants, and the patient and his physician, are at an end: if he recovers, it is not the result of treatment, but a happy and a rare escape.

But the sufferings of the insane are not only more intense, they are also more various than any that are incidental to persons in health. Sensations of burning heat of the skin, or in the chest, or in the bowels, torment them; and when they throw off all dress, and shriek from time to time, it is cruel to look upon these as mere refractory outbreaks, which are truly the expression of what they endure. The heat of an ordinary bed adds to their discomfort; they seek coolness, wherever it can be found, and are glad to lie on a stone floor, or close to the cold walls of their bed-rooms. The least covering oppresses them. Some suffer to such an excess that they will run, if permitted, into the snow, with scarcely any covering; and they have been known to gather up the snow and let it melt on the chest, with all the apparent satisfaction which others feel from breathing the fresh air in the hottest weather. All this wild language of suffering the physician should anxiously interpret; and not punish it, or even be content to suppress it by encompassing the patient with physical restraints. His office is to relieve the sufferings, and, if possible, to divine and to remove their cause. Patients thus affected become literally raving mad if fastened to their beds in a close apartment.

It can scarcely be otherwise. Look, for one moment, at this frightful apparatus called the sleeves; a strong canvas body, and deep bags of stiff saddle-leather for the hands; the sleeves strapped to the waist, and also to the side of the bed. Look at these broad long straps to go round the neck and fasten down the pained and restless head, or to pass over the trunk of the body and bind it down without the power to turn to either side for relief. Examine these iron and leather ankle-locks to fasten the feet to the foot of the bedstead. The most merciful application of these was separately; but each too often made another necessary, until all were put on; and then you can scarcely wonder that even these dreadful iron screw-gags became necessary to force open the patient's jaws, and compel him to prolong his wretched existence by taking food for which he had lost all natural desire. Imagine the condition of wretched men and helpless women invested with these oppressive dresses and bonds; which were, I sincerely believe, more frequently applied to save trouble than for any other purpose; more frequently inflicted on the imbecile who were troublesome than on patients whose violence was extreme. In other asylums more ingeniously-severe instruments were

formerly employed; and over them and over these one would willingly let oblivion now fall, if there were not medical superintendents of asylums who still profess to regard the instruments now exhibited to you as soothing and sedative, and very much desired by the patients. If you can suppose yourselves dressed in them, you can have no difficulty in solving the question of their tendency to procure or to prevent the possibility of a good night's rest.

Our plan is entirely different. We show these restraints as curiosities, but never use them. All difficulties must, therefore, be met by other means. If a patient is found to remain out of beds and is restless and uncomfortable, we first try what can be done by opening the door of his bed-room and talking to him; the attendants make up his bed afresh; and its cleanliness and the materials of the bedding, and the state of his night-dress are important to the conciliation of sleep. Water is brought to him to drink, or a crust of bread if he asks for it, perhaps some tobacco, and, in some cases, a pipe; his brow and hands are cooled by the application of water. I am mentioning the treatment of our humble patients, which may be improved according to circumstances, for patients of other classes may easily have the comfort of light, of a book, of writing materials; the bedding may be wholly changed, an effervescing draught given, clean linen put on. For patients of all classes kind words are remedial and sedative; and I have repeatedly seen the little attentions which can be commanded in an asylum in the night accepted with gratitude, and followed by tranquillity, and rewarded by a cordial "good night," expressed with thanks by patients up to that hour restless and noisy, and disposed to abuse any one passing by their chamber of unrest.

But these attentions may not succeed; the patient's repugnance to lying down may be for a time unconquerable; and if allowed, he will walk on the cold floor, barefooted, naked, or, perhaps, knock at the door of his room and demand to be let out, disturbing many other patients. To tie him down would only meet a part of those difficulties; we wish to meet them all. We do not force him to lie down at all, but we have cloth boots made, with a thin sole, lined with warm cloth, and fastened on with small locks instead of buttons; and we have strong dresses, lined with flannel, and similarly fastened; and with these we supply and protect the patient. In comfortably furnished rooms and in warmer weather it is scarcely necessary to interfere with the patient at all; he may be allowed to walk about thinly clad, but with proper attendants near him; but it is in comfortable rooms and with patients of the richer classes that this is most denied, and the strait-waistcoat most abused. For those who knock at the doors we have rooms of which the inside of the door is thickly padded, and other rooms from which all the furniture is removed, the whole floor being a bed, and the walls padded. When patients were first liberated after being accustomed to night-restraints, knocking at the doors was rather a frequent habit; I believe they thought it must be day, finding themselves unfastened; it is now rare, or it was so, at least, when I lived in the asylum, for there were few nights in the year in which I did not walk through some of the galleries, and I have many times stood with wonder and gratification in parts of the building (in the tower-galleries) where I was near the sleeping rooms of about two hundred patients, and where no sounds reached the ear but those indicative of the profound slumber that belongs to physical and mental comfort.

In the treatment of the insane every good we accomplish is closely linked with some other good. By soothing one ruffled temper, we pacify twenty neighbours; by calming one sleepless restless patient, we obtain silence and rest for a whole ward; by lessening the irritation of the night, we make the patient more tractable in the morning; perhaps he passes the whole day tranquilly, and he is not offended, not sullen, not revengeful, for he has nothing to revenge. The means we recommend are plain and simple enough to be followed in every asylum; they are not shows of benevolence—merely adapted to captivate the humane, and to make the judicious grieve—but strictly remedial; they concur to the cure, and when patients come to us in an early stage of their malady, often speedily effect it. Where a cure is hopeless, they mitigate the malady, render a lunatic's life more endurable, and their government less irksome. The attendants soon learn that humanity is the rule of the house; and this conviction prevents numerous negligences and barbarities always following in the train of authorized restraints; and which no vigilance can detect, until detection is useless to the patient. Where no night-restraints are used, it is soon found that no day-restraints are required. No longer, on opening the door of a refractory ward, are we saluted with sights and sounds abhorrent to the sense,—patients running about, headlong and wildly, with their heads or arms bound down; or hobbling along the galleries in leg-locks; or lying in bed, screaming and uttering every curse that the maddened brain can coin; or sitting immured in those disgusting coercion-chairs, with no occupation and no consolation but striking at unwary passers-by. You must expect to meet with some who are noisy, violent, abusive; but they are few in number; and when you see the same patients, in a few days more, you may see them quiet, and hear them express their sorrow to those whom in their frantic state they abused. In no ward, and in no face, will you see any sign of fear; all are very much at their ease; many are comfortable, many industrious, and of some it may almost be said that they are perfectly happy. Day after day you may walk through the wards, particularly on the male side of the house, and find none in bed but the sick, and none secluded; and the exceptions on the female side are not numerous. In fine mornings, you will find the male refractory wards empty, every patient being out. And with these results, gratifying in themselves, it may reasonably be concluded that the patients enjoy improved health, and are each placed in the most favourable position for cure, or for amelioration, up to the point attainable in each case.

Where no restraints are used, every morning witnesses new attempts to enlarge the liberty of the most troublesome of the patients; they are not allowed to be neglected or forgotten, or to remain in the same room, or in the same bed in which the night has been passed; good food is prepared for them, cleanliness is carefully attended to, fresh air is admitted, and the patient is brought out into the gallery whenever it is practicable; if the paroxysm is not sufficiently subsided, the patient is put into another bedroom in which all is clean, cool, and comfortable. With the exception of a few surly-tempered patients, whom nothing can soften, this habitual attention induces a certain degree of observance of the wishes of the attendants, to whom the patient not unfrequently becomes extremely attached.

Whilst none of these mitigations are thought unworthy of consideration, we do not forget to recur from time to time to more direct means of cure; leeches are from time to time applied, baths are administered, and the shower-bath occasionally resorted to. H. C——, a young married woman who is now in the matron's kitchen, and quite calm and well, was in a state of maniacal excitement for a year and a half; the shower-bath was often administered to her in the manner described in the preceding lecture; and now that she is well, she tells me that it always gave her the greatest relief, and if her head now ever feels uncomfortable she requests to have one. W. I——, a young man, a groom, insane from drinking, and almost constantly talking in an excited manner for some time after admission, tells me that the shower-bath "always seemed to drive all the nonsense out of his head." M. I——, a young married woman, who became insane after the measles, tells me she never should have spoken again if she had not been under the shower-bath.

No restraints being employed, there are few cases in which a temporary calm is not induced. Of this we must avail ourselves to ascertain the possible dependence of the maniacal attack on some appreciable bodily disorder. The cases in which we can clearly establish this are not many in number; but acute mania is, I have little doubt, sometimes connected with incipient diseases of the liver, of which the ultimate stages accompany the mental disease in its chronic stages. There is certainly a close connection between the state of general health which characterizes pulmonary consumption and that which is associated with insanity. Uterine irritation is a frequent origin of the malady; and in other cases there is, in all probability, that degenerate state of the brain, at once irritable and feeble, which belongs to a scrofulous constitution. One advantage of abstaining from all violent treatment is, that it leaves the practitioner's mind free, and disposed to consider these probable sources of the malady, and to devise appropriate means of cure.

THE MEDICAL PROFESSION IN FRANCE.—There exists in France an inferior grade of medical practitioners called "officiers de sante." The expediency of the total suppression of this inferior degree has been recently decided in one of the first meetings of the Medical Congress, without a dissentient voice.

EAST INDIA-HOUSE.—At a recent meeting of the Court of Directors, Dr. Scott, of Barnes, the candidate put in nomination by the chairman for the office of examining physician to the Hon. East India Company was elected.

CLINICAL LECTURES

ON THE

PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM AT HANWELL,

BY JOHN CONOLLY, M.D.,

PHYSICIAN TO THE ASYLUM.

LECTURE V.

Treatment of Acute Mania, continued—Consideration of its causes.

Supposing some tranquillity to be obtained by the treatment already mentioned, it may be very essential to the cure of a case of acute mania to discover any bodily disorder on which it depends; and although this dependence can be clearly established only in a small number of cases, their treatment is pursued with clearer indications, and, when the cause is removable, with more successful results. In cases, for instance, in which acute mania has appeared in young women in whom the periodical functions have not been established, or, after being imperfectly performed, have become suppressed, the best medical treatment is precisely such as the practitioner would pursue in a case of amenorrhœa. M. A. H——, in female ward No. 5, became insane at fifteen, and recovered in a few months. At eighteen years of age her present attack commenced, and it has had the character of acute mania, mixed with occasional despondency. She is now convalescent, having been ill several months. For many months she was almost constantly excited, and sometimes extremely violent. She attached herself strongly to some persons, and conceived the utmost aversion for others. Sometimes her countenance became lighted up with smiles, expressive of the joyful recognition of some one whom she fancied to be known to her, and her words and manner were in the highest degree affecting; and suddenly a look of vacancy would succeed, or an expression of horror, these alternations being accompanied by graceful and expressive gestures, scarcely to be imitated by the most finished actress. She then became emaciated to an extreme degree, and so feeble, that her death seemed probable, and from this state she gradually recovered. In this case, leeches were at first applied to the head, and the usual treatment of acute mania was employed. After a short time, the most pressing indication seemed to be, to keep up her strength, which was done by wine, nourishment, tonics, and daily exercise in the open air. The bowels were singularly obstinate, and the uterine functions continued to be suppressed. In these cases, the constipation is often best remedied by combining the sulphate of iron with aloes, or with the compound extract of colocynth: a few grains of the extract, with one or two grains of the sulphate, given in a pill at night, are more efficacious than larger doses of aperients given without the iron. A few leeches were applied to the pubic region every fortnight, and the hip-bath frequently used. After the third or fourth application of the leeches, the catamenia appeared, and amendment commenced. (This patient left the asylum quite well.) The father of this young woman became affected with melancholia on his daughter's first attack, chiefly from his grief on her being removed to a workhouse. He was brought to Hanwell, and recovered within twelve months.

Such results may be somewhat confidently expected in cases of this kind; but unfortunately, in not a few cases, as in that of M. N——, in ward No. 5, and M. M——, in the Infirmary, both quite young women, the restoration of the catamenia has merely been followed by some amendment, without recovery. M. N—— is restless, runs about wildly, dances, screams when spoken to; but she may yet possibly recover. M. M—— is somewhat excited at the monthly periods, as if improving, but in the intervals becomes again dull, and apparently imbecile. The three cases mentioned well illustrate the general course of this form of malady, and its uncertain termination with the same treatment. I could add numerous illustrations of each of them.

When we were going into the fancy work-room this morning, you may remember my speaking for a few moments to an interesting looking young woman, (R. L——,) who was so neatly dressed, and looked so well, that you would scarcely have supposed her to be a patient. She has been about two years in the asylum, but is soon going away, being quite well. When she came to us, nearly three years ago, she was in the deepest state of melancholia, after a short attack of acute mania. She used to lie on the floor or the bed all the day, seldom spoke, and sometimes obstinately refused food. It was one of the very few cases in which we were obliged to introduce food into the stomach through the tube of the stomach pump, the resistance to food not arising from manifest disorder of the stomach, but from some obstinate delusion. This difficulty was overcome in about a fortnight, but it was six months before her case afforded the least hope of that recovery which now seems to be certain; and her malady had lasted some time before admission, having commenced, without any preliminary symptoms, with the first appearance of the catamenia, when she was twenty years of age, the discharge being sudden and profuse. Suppression followed, and was only removed after she had been some time in the asylum; but from the time of the reappearance, she has been in every respect gradually improving. This case is particularly encouraging, in consequence of recovery so long after the commencement of the attack. The maniacal delusions and occasional violence, the alternations of melancholy and despair, the refusal of food, and the eccentricity variously developed in the progress of the malady, required the combination of all the resources of mental and physical treatment, and her recovery is principally to be ascribed to the continual attention paid to her by the ward attendants, especially at the time of her refusing food, under the direction, and with the example, of Mrs. Bowden, the late matron of the asylum, whose aid in the management of this particular class of cases I shall always gratefully remember. I have repeatedly known the most obstinate determination not to take food overcome by her unwearied and patient persuasions, sometimes continued for many hours, and repeated for many days, but with the happy result of rendering instrumental means and force unnecessary. The subject of refusal of food is, however, one on which I shall have to make further observations to you.

There is, of course, the best chance of success, in the cases of mania associated with amenorrhœa, when the patient is of a sedate temperament. In those of a more flighty character, every strong impression, physical or moral, renews the mental disorder. Such is the character of S. L——, a patient now in female ward No. 12; she has been twice in the asylum, and her disorder has been connected with uterine irregularity; but after recovering from the first attack, she could get no employment, became suddenly again maniacal, and threw herself into the Serpentine river. She describes this as having been done by a sudden impulse, without premeditation; says she was talking to some companions, said "Good bye!" and rushed into the water. She adds, that she was taken out, she believes, in about ten minutes; was revived, and then taken to the workhouse, and strapped down "by two men." In this case, repeated relapses are to be expected.

In the case of L. F——, in female ward No. 9, the prospect is not better. She is but twenty-one years of age, and is now with us for the third time. When first admitted she was seventeen, and the catamenia had not appeared; she was quite girlish in appearance, modest, but with the manners of a spoiled child. It seems, that at fifteen years of age she was alarmed by some violence offered to her, and became low-spirited, not speaking even, for many months. Suddenly she became violent, two months before admission, and she was bled to a great extent, although she tells us the blood was almost like water; she was then dressed in a strait-waistcoat, and tied in an arm-chair. She was received here two months after the abolition of all mechanical restraint in this asylum. She was excited, wayward, passionate, capricious in her attachments, active, talkative, and full of curiosity concerning the affairs of the house. She complained of pain of the upper part of the head; the skin was cool, the tongue clean, the pulse 96, and feeble; she had pains of the loins, and spasms. Leeches were applied to the forehead, and afterward to the pubes; the warm hip-bath was frequently used, and the shower-bath occasionally. For a time she was frequently very violent and troublesome, sometimes threatening injury to others, and sometimes active in preventing such injury by other patients. She became stouter, her pulse was reduced in frequency, her mind became more tranquil, and, although with occasional interruptions, recovered; the recovery following the first appearance of the catamenia, three months after her admission, but requiring three months more for its full confirmation. A year after leaving us she returned, with most of her old symptoms, but with no uterine irregularity; her pulse was 108, and she was very flighty and irritable, often suffering from pain in the forehead and upper part of the head, to which she has been subject from infancy. This time her malady was ascribed to disagreements with her mother. Leeches were applied to the head, and other simple means employed; but the most important were, her occupation, and the care taken of her in the matron's kitchen. It was nine months before her brain became sufficiently composed to allow us to discharge her. Fortunately for her, her first admission to the asylum took place after the abolition of mechanical restraints, which, in consequence of her great irritability, would, I have no doubt, have been disastrous in their effects upon her. Even seclusion was unsuitable to her; and

when for a time necessary, in consequence of her having contracted scabies, it produced a state approaching to raving, and there was no alternative but to discontinue it at all risks. When allowed the range of the gallery she at once became calm. She is now with us again, after remaining well more than a year, and at each admission her mind seems to have become more enfeebled, but she will probably be well enough to go away in a few months. These unfortunate patients require such particular care, when not in an asylum, as can scarcely ever be commanded, and in time they add to the number of the imbecile and the incurable.

In women more advanced in life, the cessation of the catamenia is not unfrequently followed by mental disturbance, of which dread and despondency are the most frequent forms, but often with occasional and great excitement. These cases are obstinate, and in many instances incurable, the patient ever afterwards remaining liable to recurrent mania. E. M——, a patient in female ward No. 8, was admitted three years ago, being then forty-five. She had been insane four months, and the cessation had taken place subsequent to the commencement of the malady. She had only complained of "a little soreness and pain at the top of the nose and in the forehead." When admitted, she was tolerably tranquil, but entertained the delusion that some people were employed "to make her mad." The temperature of the skin and of the extremities was natural, and the tongue was white, but the functions of the stomach and bowels were not disordered; the pulse was 84, her voice was feeble, and she slept pretty well. The slight bodily symptoms were soon relieved, but in a short time she had an attack of violent maniacal excitement, lasting about a week, and to such attacks she continues subject. In this patient, and in several others, the state of excitement is always accompanied by violent threats, directed against those with whom, in calmer intervals, the patients are on the most friendly terms. It would seem as if the action of some part of the brain was at such times reversed. The change in the manner, language, and apparent sentiments, in these cases, even in one day, is extremely singular, and requires to be met with some caution.

A greater chance of cure exists in these uterine cases in advanced life, when more distinct symptoms present stronger indications for treatment. S. F——, in female ward No. 1, became alternately excited and melancholy when about forty years of age, and was admitted four months after the malady began. The catamenia had ceased, but she had suffered from the concurrent causes of poverty and domestic unhappiness. Now and then she became extremely agitated, and declared that she was doomed to hell, and had already a fire burning within her. She described this torment as existing in the lower part of the abdomen, on one side, where there was fulness, some hardness, and great tenderness; the removal of which symptoms, by leeches, the warm bath, aperients, and the application of mercurial ointment, was followed both by bodily and mental relief; the delusion having evidently depended, as often happens, on bodily sensations. (This patient left the asylum quite well, about a year after admission.)

In the same ward, a cheerful middle-aged patient, M. M——, whose good forehead and well-proportioned vertex and occiput I pointed out to you as a conformation generally affording hope of recovery, or at long preservation of much mental power in the intervals of recurrent attacks, presents a satisfactory example, nearly of the same kind; but how satisfactory you can scarcely appreciate without further opportunities of knowing how often, even in these recent and acute cases, we look for direct indications of cure in vain, and see the patient sink into a hopeless state, without power to prevent it. She was admitted in February, having then been two months insane, and is now (June, 1845) about to leave us, being quite well. She is forty years of age. On admission, the functions of the uterus had become irregular: she said her husband, a bricklayer, had pawned his trowel for drink, and that then her head became affected, and that she drank for pains, which pains were fretting and grief, and "made her mad," said she had been crowned the other day, with various other extravagances. She continued in an incoherent and enfeebled state of mind for about a fortnight, making no complaint distinct enough to be acted upon. She was loquacious, active, and often asked for drink. Her head was hot; the skin generally of natural warmth; the tongue was red and smooth; she had diarrhœa; and the pulse was 144, and very feeble. The gastric and intestinal symptoms being relieved, she became able to give a more distinct account of herself. She said that she had fallen into a canal one night when going to seek her husband, and had caught cold; that she was taken to a workhouse, (being then probably insane,) and kept there fourteen days; that she was very violent, and was fastened to rings in the wall, or to the bedstead; that no other drink being given to her, she drank vinegar; and that whilst she was so fastened, she had a miscarriage, which nobody attended to. When she made these statements, her mind was coherent, although she became excited if she talked much: she did not ask for beer any longer, and her pulse was only 96. In about a week after this her mind became less coherent again, and the pulse was again about 140, and very feeble. The tongue was clean and natural, and there was no diarrhœa. The abdomen was large, and tender at the lower part. One or two applications of leeches entirely relieved these symptoms, and from that time she proceeded favourably; with occasional interruptions, as generally happens, but still continually regaining mental and bodily health and strength.

We have not often found serious uterine disease in our examinations after death. In one case, in which the patient (J. T——, 1840) had been insane seventeen years, and died at forty-seven years of age, of cancer of the uterus, no symptom clearly indicated the existence of the malady until about a year before death. The body of the uterus was scirrhous; the cervix ulcerated; large cysts were attached to the ovaries. In this long existing case of mania, with recurrent attacks of excitement, the dura mater was thickened; there was effusion in the sac of the arachnoid, and between the arachnoid and pia mater, and great injection of the latter membrane between the convolutions. In another case, examined about the same time, in which, after long silence and melancholia, violent maniacal symptoms came on, followed by exhaustion and death, (M. G——, 1840,) one ovary was wholly converted into a cyst, and we could detect no other disease anywhere, and found the brain unaltered.

If you look at the tables of the causes of death, published with the annual reports of Hanwell, you will be surprised to find how few of our patients, except the consumptive, die of bodily diseases unconnected with injury of the nervous system. Paralysis, apoplexy, epilepsy, are fatal in several; and these complications with insanity are always most unpromising. Many, you will find, die of what we term general debility—a state in which every function seems to fail, without signs of any one particular disease. It is true, that in some of these cases, which are generally chronic, we find serious marks of disease in the liver and in other organs, of which the symptoms were wholly masked during life; and it is impossible to decide as to the priority or sequence of such diseases to the mental disorder. I have already alluded to the cases arising from, or connected with, evident gastric and intestinal irritation. It would be satisfactory to say, that by removing this irritation, the mental disorder is removed: it is, however, frequently mitigated. In some cases, which, if we can depend on the testimony given with them, are of recent date, the cerebral symptoms on admission much obscure the diagnosis of co-existing bodily disease in other organs than the brain. The patients are often sent to us without any correct history of the case, and sometimes appear to have been recently affected with fever. The result of treatment in such cases cannot but often prove unsatisfactory. Among my notes I find a case of this kind, of a patient whose distressing appearance I well remember. A. D——, a woman said to be thirty years of age, and single, and to have been insane only four months, was admitted soon after I commenced my duties in the asylum. She was brought to us without a word of history, except that she had a violent temper, which was alleged to be the cause of her malady. She was unable to give any consistent account of herself, and only said that she had been "strapped down." Her appearance was very much that of a fever-patient. She lay on her bed nearly motionless, as if she still thought herself fastened by straps, which she probably would have been if she had not been admitted four days after the infirmary nurses—who, more than all, abused such methods of coercion—had been interdicted from such treatment of the sick. She heard and saw distinctly; but had no knowledge of the place in which she was. Her mind was excited and incoherent; she talked much and noisily, and required to be fed like a child. Her face was sallow, her countenance anxious and excited; the skin was warm and dry; the tongue was red, with some appearance of aphthæ; the bowels were constipated; the urine suppressed for twenty-four hours; the pulse 108; and she was noisy and sleepless during the night. Leeches were applied to the head; a blister was put behind the neck; some calomel and rhubarb were given, followed by an aperient draught; and the patient was placed in a hip-bath.

This patient lived rather more than a month; delirious during the whole time; always requiring to be fed, and gradually becoming emaciated. Now and then she rallied a little, but scarcely ever spoke rationally; her bowels and the bladder became more inactive, with some tenderness; less and less food was taken, and, notwithstanding the great attention paid to relieve her various symptoms by various treatment, the case ended fatally.

The appearances after death were—great vascularity of the

cerebral surface of the pia mater; a little sanguincous serum in the ventricles of the brain; effusion in the pericardium, thorax, and abdomen; the mesenteric glands tuberculous; the colon dragged downward; intus-susception of the ileum.

The persistence of delirium after the subsidence of fever is generally an unfavourable form of disease; of which examples are to be seen in G. W——, in male ward No. 3, who has at all times a confused, wild, half-unconscious appearance, not unlike that observed in the ordinary course of a fever. When admitted, he was stated to have been insane only six weeks; his age was thirty; he has been here two years, and is not at all likely to recover. M. D——, also, a young woman in female ward No. 9, became insane after fever, and wholly and permanently incoherent. She had been insane seven or eight months when she was admitted, four years ago. There is, however, a mild form of mania, which comes on occasionally on the subsidence of fever, and is curable: it is attended with delusions, which usually soon give way. Many years ago I attended a gentleman through a long attack of fever, and when I was congratulating myself that all the danger was past, I was one morning hastily sent for by him, and he informed me, with a great appearance of concern, that he was sorry he should never be able to pay me any fees, being entirely ruined and brought to poverty. In this case the delusion seemed to spring up in consequence of the reduced energy of the brain, and it was removed in a few days. In other cases, delusions arise after the fever has lasted some weeks, and there appears still to be a lingering febrile disturbance. H. J——, a patient in male ward No. 12, has been thus affected. He is a bricklayer, and worked at the asylum. I first saw him in his own cottage, in the village, and found him sitting up, but evidently labouring under the remains of an attack of fever, and much alarmed by the notion that he was accused of dishonesty at the asylum. His distress of mind was such that he made repeated efforts to get away from home, with the apparent intention of destroying himself. His head was hot, the tongue white, the pulse frequent. As he became unmanageable at home, he was admitted here as a patient, and is now convalescent. The medical treatment has been merely that adapted to a mild case of fever, conjoined with every attention calculated to allay his groundless alarm. He made two or three attempts to escape, but is now nearly well, and only anxious to be at home again.

I need scarcely point out to you that many of our cases illustrate many circumstances beyond the mere form of the disease. In connexion with the cases originating in fever, I beg you to pay attention to a female patient in ward No. 12, (M. G——,) to which ward, where convalescents are often placed, she was a few weeks ago (1843) removed, from No. 6, a refractory ward. We are, in this case, certain that the commencement of the malady was fever. The patient is a delicate young woman of twenty-two, and single. Seven weeks before admission she was attacked with fever, and sent to one of the large hospitals of London. Becoming delirious, she was "strapped down in a strait-waistcoat." In about three days she was sent from the hospital to a private licensed house, and there she was strapped down also. When admitted, she had that appearance which characterizes those who have passed through a severe attack of fever. she was very thin, her face generally pale, and her cheeks flushed; her right eye was severely bruised, and that, she said, "was done where she came from." Her pulse was 108, and feeble; the tongue whitish; the bowels confined; the temperature of the head and surface not generally increased. She was noisy at night, and restless by day; sometimes crying, sometimes excited, and saying that she had been some time in heaven. The uterine functions were irregular. Leeches were applied to her head, pain being often complained of; a blister was applied behind the neck, and calomel given in combination with squill, with a view to obviate or remove probable effusion. In the progress of the case, warm baths, careful nourishment, porter, and all the means of restoring strength and health were successively resorted to. With many attacks of recurrent excitement, the brain now seems to be returning to its natural state. She has been four months in the asylum, and will probably leave us in a few weeks more.

In all these cases after fever, I suppose the hope of recovery to remain so long as the membranes of the brain remain unthickened, and no permanent effusion to exist beneath them. Mere irritability of the brain may continue long, but with careful treatment usually at length subsides. By this careful treatment I mean, all that can tranquillize and soothe the brain, and restore it to gradual healthy action, the details of which will be best brought before you when I come to speak of the general management of chronic cases. I am now chiefly directing your attention to the extent of control we can exercise over recent and acute cases by mere medical means, and by discontinuing the stupifying down so often mentioned, which is plainly opposed to all medical means, and to all curative indications.

The maniacal attack or disorder, in some recent cases, is reported to have supervened on some kind of fit, either an epileptic fit, to which kind of seizure the patient may have been liable for many years, or to an epileptiform fit occurring for the first time, and ushering in that form of malady called general paralysis, which is, perhaps, only seen in conjunction with mental disorder. Where these complications exist, although much be done for the mitigation of the patient's sufferings, and life may be prolonged and made comfortable, a cure is not to be expected. The physical cause, alleged in other cases, is a blow on the head; and the effects are usually recovered from by treatment adapted to allay inflammation or irritation, except in cases where there is depression of the bone, an accident which, when existing, even only to a small extent, often appears to indnce incurable insanity. Of course the causes are not unfrequently complicated. A fall, or blow, for instance, may predispose to maniacal excitement, appearing only at the catamenial periods. Such has been the case in A. L——, (1841,) who has been five or six times maniacal and suicidal at such periods only. When admitted, she complained of much pain of the head; her tongue was white; leeches were applied to the head, aperient medicine was given, and she was for a time carefully watched; for even in suicidal cases we trust to watching, and kindness, and medical treatment, and use no restraints. By these means she has been tranquillized; and the catamenial periods pass over with only some heat of the head, and whiteness of the tongue, her mind having become easy and composed. In some cases of slowly advancing insanity which I have met with, connected with general paralysis, there has been reason to suspect that a predisposing cause was a violent fall on the head some years previous to the appearance of the mental disorder.

It is scarcely necessary to say, that whenever any obvious bodily complaint exists, its removal should be attempted. The patients can sometimes describe their own symptoms, and more frequently complain of giddiness, or a whirling sensation in the head, than of pain. Too frequently the excitement of the disorder makes them assert that they never were so well in their lives, and causes them to resent any particular inquiries. In the works of many writers on insanity, great stress is laid on recession of eruptions as a cause, and on their restoration or imitation as a remedy. I have not been able to verify such observations. The suppression of ulcers of old date is a cause more distinctly to be recognised, and may afford an indication of treatment. I have seldom or never seen boils, or erysipelas, although they are not uncommon accidents, or, indeed, any other affections, critical and followed by cure. In several cases of accidental illness, however, the mental malady has been for a short time suspended. Where it has come on during pregnancy, I have never seen it disappear immediately after the confinement; but one such case is recorded in the asylum. The cases occurring during pregnancy, or nursing, will form the subject of a future lecture: we have always some examples of such; and their general course is satisfactory.

Although pulmonary consumption frequently supervenes on insanity, it is seldom manifest in recent cases; and in the more advanced cases, several of the ordinary symptoms are either wanting or much modified; the emaciation of the patient, and a cough, becoming indications of it only at a late period, when the lungs are extensively diseased. The tuberculous lungs, and the diseased brain, probably arise from a common constitutional cause, and both are evidently allied with scrofula in some of our examples of their co-existence. When looking over the list of patients discharged, cured within a few months after the commencement of the attack, I find the disorder to have been, in a considerable proportion of them, produced by intemperance, or ascribed to it. In these cases, temperance, employment, and regular and good food, accomplish the cure. I. J——, now in the tailor's-shop in the asylum, has been several times here; he always gets well soon, and is brought back again almost as soon, in consequence of drinking again. D. K——, in ward No. 7, is now in a violent state of mania from this cause; he has been twice discharged from the asylum; but his present attack is by far the worst he has had, and he was brought in a fortnight after he left the asylum, in consequence of his unfortunate attachment to whisky. Such cases are frequent among the labouring Irish employed in London, of whom many are sent to us. It is less difficult to cure such patients, than to know what to do with them when cured. The higher virtue of temperance seems beyond their acquirement, and total abstinence is their only protection. Many of the female patients have the same failing. H. H——, an elderly Irish woman, in female ward No. 3, went away from the asylum last year quite well, after being maniacal a few weeks from drinking. By the help of the Adelaide fund, she was re-established as the keeper of a fruit-stall, in Whitechapel; but she returned to drinking, was soon brought before the lord mayor, and it was found desirable to send her here again. In a class of

patients above panperism, this unhappy propensity often exists, even among women; sometimes coming on in paroxysms, which last some weeks, after which, for as many weeks, the individual will be strictly abstinent. During the paroxysm, the desire for drink is uncontrollable in a private family, as wine, spirits, beer, eau de Cologne, essence of ginger, spirits of lavender, vinegar, ketchup, fish-sauce, or any kind of stimulant fluid, will be swallowed with avidity. This is a pure disease, and scarcely to be cured except in an asylum.

More serious consequences arise from drinking in some constitutions, and in early life. J. H——, in the male infirmary, is thirty years of age, but far advanced in general paralysis: he was a groom, and acknowledges that he drank hard; an epileptiform fit occurred not quite two years ago, then he became insane, and his condition is altogether hopeless.

Within the last four or five years, I have seen five or six examples in this asylum of a fit of mania suddenly ensuing on a long fit of drinking. The subjects of these examples were all, excepting one, from the north of England, or from Scotland, and all young men. In each case the patient had only been a few days on shore, and had either drank hard at sea, or on landing. They were almost all inclined to ascribe their disorder to having had their drink drugged. With two exceptions they recovered rapidly: in one of the exceptions, the maniacal character was perceptible for some months; and the other exception was the German patient mentioned in a former lecture, who had drank very hard on his voyage to England, but had been once insane before. The sudden and troublesome violence of such patients usually brings them into the hands of the police; but when the cause of the attack is known, and no violent treatment pursued, the brain seems soon to recover its tone. The tongue is usually clean during these short attacks, and the general health seems to be little affected. It is a state of simple excitement.

A far more frequent cause of all mental disorders in a large class of the community is poverty, which, with its various consequences, presses upon them from the cradle to the grave. A neglected infancy, an uninstructed childhood, scanty food, thin clothing, and all the pinching wants of those who depend on the labour of the day for the food of the day, prevent the healthy development of the body, of the brain, and of the mind. Early application to toil, the temptation to resort to cheap stimulants, loss of employment, disappointed affections, unhappy marriages, the wants of a family, embarrassments, irregularities, and ruin, bring numerous victims to an asylum—for them the only worldly refuge from want and care. The comforts enjoyed in the asylum, and the freedom from all that has made life a continual struggle, restore tranquillity to the brain. The patients require little medicine—their best medicines are food and peace. Many only partially recover. A feeble brain, inherited from several generations of half-starved ancestors, has been unfit for more than a few years of exertion; and, beyond a certain point, the restoration of the faculties is impossible.

Poverty was the only cause assigned in a case admitted in May, 1843, that of S. M——, a widow, aged fifty, who had been insane only six weeks. Maniacal excitement had supervened on distress, and the patient's mind was thenceforth filled with cheerful prospects. General paralysis was soon added to the symptoms, as so often seen when the mania is of that hopeful character. There was extreme debility from the time of admission; and the excitement and debility continued until November, when she died. Serum was effused in the sac of the arachnoid, and there were patches of lymph and milky effusion beneath that membrane: the ventricles were full of serum; the cortical substance was pale, and the pia mater easily detached.

My immediate intention, in speaking of the causes of acute mania, is merely to illustrate the occasional advantages derived in the treatment from an inquiry into them, and therefore I shall only allude generally to the extensive influence of moral emotions and the passions in producing insanity. Much might be said on this part of the subject, very important to mankind; and useful warnings given against over-exertion, a too eager ambition, mercenary alliances, and the sleepless pursuit of gain. But to such warnings mankind are not prepared to listen. Before these causes cease to fill our asylums, the motives of human actions must be changed; as in some future age, by means scarcely now conceivable by us, they may be. Our task, in the meantime, is to try to cure those whom the loss of mental power has compelled to the repose they would not take before. Too frequently our care comes too late: the patient has gone intruding on from one object to another in a full career of success, until his excitement has passed the bounds of health, and all his activity is brought to a stop at once. Excitement, irritation, or inflammation of the brain exists; serum is effused from the cerebral vessels; the fine substance of its enveloping membranes undergoes a slight change, and the rest of life is an insane dream of grandeur, preserved even after paralysis has gradually crept over all the muscles of locomotion. If the cerebral affection is less violent, and the mania uncomplicated with this fatal disposition to paralysis, we may succeed in saving the patient by the careful application of the treatment proper for acute mania, combined with an entire intermission of every kind of business for a long period. The same tendencies are seen, and the same treatment is required, in men of science, and of the various professions, who have persisted in employing the brain without allowing it needful rest or relaxation; in whom a short maniacal attack is often the precursor of an old age of imbecility. These observations are not meant to apply to the industrious and zealous application of the faculties, but to the neglect of apportioning to the brain only as much work as it can perform without becoming diseased; for there can be little doubt that the best way of preserving the faculties is to employ them; and that there is great wisdom in the aphorism of Lord Bacon which enjoins that in sickness we should respect health principally, and in health, action.

Where acute mania has been all at once occasioned by a sudden shock, I fear the brain is seldom one which affords us a strong hope of its perfectly recovering from its effects. Such instances are not very common, the effects usually coming on more slowly. W. C——, now in the male infirmary, and affected with general paralysis, was an intelligent active woollen-draper, steady, industrious, and in comfortable circumstances. His wife went away from his house with a lodger, immediately after which, his mind began to fail. He was no longer able to attend to his business, he wandered about, went to France, and when he returned, sold his furniture and went into lodgings. After many irregularities, he attempted to set fire to a house in which he lodged, and his insanity being manifest, he was sent here. In this case, the gradual advance of the malady is exemplified. In a patient who died here in the spring of 1840, after being two years insane, the malady came on suddenly at twenty-nine years of age. The patient, T. H——, was an upholsterer, and had furnished a house very expensively, from which the tenant ran away without paying the rent. The key of the house was brought to the unfortunate man one evening, and, in the course of the night, symptoms of acute mania came on, to which general paralysis soon supervened, and death followed within two years of the commencement of his disorder. Extensive disease existed in the brain, but, as is perhaps generally the case, could scarcely be looked upon as the cause of the first symptoms. There was effusion in the sac of the arachnoid, and beneath the membrane; the brain was firm; the medullary substance red at the upper part, and of a shining white colour in the central portions. The grey portion of the corpora striata was also of a red or pink colour; the left corpus striatum soft, and containing a small ancient apoplectic cyst. The ventricles were full of serum.

Another example of the sudden invasion of acute mania is exemplified in H. A——, in female ward No. 8. She was an hotel-keeper in London, and her sisters lived with her. Being suddenly informed that a young man to whom she was attached had married another person, she became the same evening insane. She is liable to recurrent attacks of violent mania so frequently, that no hope can be entertained of her recovery. To-day she was sitting quietly at the work-table, and when spoken to, answered me in a mild and gentle voice: in a few days she will probably rush out of her room to strike those who pass by, or throw something violently at them.

R. S——, in male ward No. 11, appears to be recovering from a very short attack of acute mania, the result of a moral impression. On the occasion of a late murder near London, an accidental expression of his landlady made him feel alarmed, and he thought himself suspected, and that the police were in search of him, and would shoot him. Soon after this, his appetite became ravenous, and he committed many acts of violence. He is thirty years of age, sober and industrious, and for some years has complained of headach and indigestion. His father is described as being a very timid, nervous person. He is now convalescent, and has lost all his former fears, but has some religious delusions. In this case there is evidently a strong disposition to insanity, and I should fear its being again produced by any shock given to the feelings. It seems remarkable, that in many instances, in which either mania or melancholia is induced by a mental shock, the original occasion of it is not afterwards alluded to by the patient. The brain seems to be weakened, and the result is, some delusion unconnected with the grief which injured it. In the treatment of such cases, we can but give repose to the brain, watch the general health, and lead the patient, by gentle efforts, to some occupation that may divert the thoughts from their delusions. The chances of recovery in these cases, and in the cases of exhaustion from too much labour of mind, depend on the original strength of the brain; but we may do much towards removing impediments to its recovering its energy.

When recalling to my mind the various cases now referred to, it is impossible to forget, that in their progress they comprehended every kind of difficulty that embarrasses the treatment of acute mania, and renders it almost impossible to manage patients in their own houses. These peculiar exigencies arise, not only in the cases in which there is a continued state of excitement, but in those also in which there is but occasional excitement, probably connected with some delusions. In the quieter cases of delusion, although of recent origin, the treatment is the same as that of a chronic form of mental malady, and will consequently hereafter occupy our attention. In the cases with excitement, constant or recurrent, we are met with every possible difficulty that can be occasioned by an active muscular system associated with morbid nervous impressions, or animated by an over-excited brain. It is in the mode of meeting these difficulties without the imposition of restraints, that much of the peculiarity, and, in my opinion, much of the excellence, of the system pursued at Hanwell consists; and when I next have the pleasure of seeing you, I will endeavour to describe this, and our method of guarding against some of the dangers incidental to recent cases, and which the officers of every well-conducted asylum ought to be prepared to meet. The most alarming of these is a disposition to suicide, the object being sought in every possible variety of way, and frequently by the refusal of food. This danger alone was long considered an unanswerable reason for the use of mechanical restraints, on which subject I hope, however, to afford you an opportunity of forming a juster opinion, and one less unfortunate for your patients.

FOREIGN DEPARTMENT.

THE MEDICAL CONGRESS AT PARIS.

THE importance of the medical congress which has just taken place in Paris, is such as to render it imperative on us to present our readers with a detailed account of its history and proceedings, and this we now purpose doing.

The medical profession in France, although organized in a much more efficient and liberal manner than in this country, presents still many anomalies and imperfections, which have given rise to much discussion during the last few years. The necessity of extensive modification has, indeed, been so deeply and so extensively admitted, that the Minister of Public Instruction promised last session to bring before the Chamber of Deputies in 1846, a bill calculated to remedy the evils complained of. As with ourselves, there is so much difference of opinion respecting the nature of the reforms that are required, that it appeared probable to most of those who took any interest in the question, that unless some means were previously taken by the profession to discuss the subject, and to embody in a series of propositions the results thus arrived at, the measures adopted in the parliamentary bill would most likely please no party. Under these circumstances, a few months ago the editor of the leading medical journal, "The Gazette des Hôpitaux, or French LANCET," proposed that a medical congress, composed of delegates from all parts of France, should meet in Paris, prior to the opening of the Chamber of Deputies, and discuss the entire subject of medical reform. This idea was at once responded to with enthusiasm. On the 14th of last June, a meeting of the editors of the Parisian medical journals took place, the convocation of a national congress was unanimously approved of, and it was decided that publicity should be given to the plan, and that a request should be addressed to all the medical, pharmaceutical, and veterinary societies in France, to send delegates to a preliminary meeting, to be held on the 2nd of August. At this preliminary meeting, composed of delegates from the scientific societies, and of the editors of the medical journals, a committee of fifteen members, representing the three sections of medicine, pharmacy, and veterinary medicine, was appointed and empowered to make every necessary arrangement for the organization and convocation of the congress. The powers thus granted to the committee were strictly limited to the above points.

The first step adopted by the preliminary committee was to give as extensive publicity as possible to the decision of the meeting of the 2nd of August, respecting the congress. The members of the medical profession were addressed through the political journals, which generously gave every possible assistance, and through the medical and scientific societies; whilst, on the other hand, direct communications were made to the faculties, to the medical schools, and to the most eminent men in the profession. More than three thousand five hundred collective or individual adhesions were the immediate result of these measures, and the warmest sympathy was everywhere expressed. Of those, two thousand five hundred were doctors in medicine, nine hundred "pharmaciens," (chemists and druggists,) and the remainder veterinary practitioners. The above figures may be said to represent the relative numbers of the members of the three professions in France. The French laws, which forbid associations even for scientific purposes, unless with the permission of the authorities, rendering the sanction of government indispensable, application was first made to M. DE SALVANDY, the Minister of Public Instruction, and to the Minister of the Interior. Their support having been obtained, the necessary authorization was granted by the Minister of the Interior. M. de Salvandy, the Minister of Public Instruction, entered warmly into the views of the committee, drew their attention to the most important question requiring elucidation, requested to be put into regular communication with the congress, and promised to defer the introduction of his medical bill until the congress had terminated its labours, in order that he might embody in it the results arrived at by that assembly. The sanction of the Minister of Commerce, under whose jurisdiction are the chemists and druggists, (pharmaciens,) was likewise promptly and graciously given, as also that of the Minister of War, on his being requested to allow the army medical, pharmaceutical, and veterinary practitioners to become members of the congress, and to take a part in its discussions. As an additional proof of the cordial and enlightened cooperation of the public authorities, we may mention, that one of the largest and most commodious of the saloons in the Town Hall, (Hôtel de Ville,) was granted by the Prefect of the Seine, for the use of the congress during its sittings, which were to last a fortnight.

On the nomination of the preliminary committee, in August, it was entrusted with the drawing up of a code of rules, destined to regulate the meetings of the congress, which rules were to be discussed on its first assembling. When, however, the sanction of the public authorities was requested, the committee was enjoined to exhibit the laws by which the congress was to be governed, which laws, it was told, once approved of, must be considered definitive. It thus became evident, that government would not allow so large a body to meet without knowing precisely what would be the nature of its organization, and the ends it purposed attaining; fearful, no doubt, lest it should be diverted from scientific to political purposes. The committee was therefore obliged to transgress its powers in this respect, and to draw up a series of regulations, which became binding on the part of the congress. This part of its duty, however, was accomplished in such a manner as not to offend any opinion, or afford room for discussion; the rules thus imposed on the congress merely relating to the division of the delegates sent to the congress into three classes—medical, pharmaceutical, and veterinary; to the hours of meeting; to the mode in which the discussions should be carried on, &c.

The 5th day of November was the day fixed for the first meeting of the congress. Between the epoch of its nomination and that day, the committee met sixty times, and an immense number of documents, relating to all the questions that were to be discussed in the congress, were received, and carefully analyzed. On the day appointed, several hundred delegates, deputed by the three branches of the profession, from every part of France, arrived in Paris, and the congress was formally opened at the Hotel de Ville, under the presidence of M. SERRES, the late president of the Academy of Sciences. But before we commence analyzing the proceedings of this important assembly, it is absolutely necessary that we should give a short account of the present organization of the medical profession in France. This, however, we shall do very briefly, referring to the essay now publishing on this subject, in THE LANCET, by Dr. Henry Bennet, for further details.

The medical profession in France, as far as medicine and surgery are concerned, constitutes part of the University of France, which is itself under the jurisdiction of the Minister of Public Instruction. The University of France is composed of five faculties, the faculty of theology, the faculty of sciences, the faculty of arts (lettres,) the faculty of law, and the faculty of medicine. Some of these faculties are multiple. Thus, there are three distinct faculties of medicine, those of Paris, Montpelier, and Strasburg. The three faculties of medicine all present the same organisation, with the exception that the one of Paris has a larger number of professors, and is more efficiently composed than the other two. They all examine and grant degrees. In addition, there are a number of secondary medical schools in the large provincial towns, the certificates of which are received for part of the curriculum, but which have no power to examine or to give diplomas. The degrees awarded by the faculties of medicine are those of doctor in medicine, doctor in surgery, and officer of health, (officier de santé.) The degrees of doctor in medicine and of doctor in surgery are pretty much the same,

administer, and the patient must inevitably go on from bad to worse. You must at once, upon gangrene having fairly set in, take off the limb; and, even where the superficial femoral has been operated upon, this may be done about the middle of the thigh. The operation must be performed before the gangrene has extended to the knee; you take off the limb in the sound parts, of course, and beyond any of the dark and discoloured streaks, but there is no necessity for going very high in the thigh, and above the deligated point of the artery. There is every probability that the circulation will be sufficient to nourish the limb down to the knee, and, of course, the stump will have a sufficient supply. Amputation having been performed, the case generally goes on very well; the patient recovers with the loss of one limb; but it is, you will allow, better than allowing him to die with four. I have, on two occasions, been obliged to resort to amputation on account of mortification following ligature of the femoral artery for aneurism, and in both cases with success.

CLINICAL LECTURES

ON THE

PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM AT HANWELL,

BY JOHN CONOLLY, M.D.,

PHYSICIAN TO THE ASYLUM.

LECTURE VI.

Treatment of Acute Mania, concluded.

It is necessary that I should again draw your attention to the subject of mechanical restraints as a part of the treatment of acute mania as it occurs in recent cases. Assuming that the first object of all treatment of such cases is to effect a cure, you will at once perceive that there are cases of acute mania of which the cure would be obstructed by such means. You have now paid several visits to this asylum: your attention has to-day been particularly drawn to all the cases in the eight wards which contain the most troublesome or refractory patients; and these wards altogether contain two hundred. Excluding, for the present, a consideration of the chronic and incurable, the question is, are there any cases of patients recently affected, or are there any circumstances incidental to their malady, in which mechanical restraints are useful? If you become convinced, on reflection, that every inconvenience can be remedied, and every danger avoided, without binding the patient's body and limbs, you will, I think, never have recourse to a means so open to abuse, and connected so inevitably with all kinds of neglect. I am thoroughly convinced, that so long as mechanical restraints are resorted to in any asylum, in any cases whatever, there will be a continual tendency in that asylum to overlook the sufferings of the patients, and to omit the proper means of cure: that their protection from the cold of winter will be disregarded, their diet indifferently attended to, their clothing neglected, their comfort forgotten, and even their cleanliness unattended to. These neglects and omissions must prevent the recovery of many, and retard the recovery of all. Let us then recall what we have seen in the wards; and as we retrace our steps, let us consider whether or not we have efficient means, of other kinds, of meeting those inconveniences which must be prevented, and those dangers against which we must be armed with protection. In every case in which, out of this asylum, you meet with, or hear of, restraints being considered indispensable, inquire into the reasons. You will often find them to be of the most frivolous kind, and not unfrequently abused to an incredible extent. There is a suburb of London in which there are numerous small houses, each with a patch of garden, surrounded by high walls. Within these various tenements, many an unfortunate gentleman, partially affected in mind, is dismally immured, living, although at an extortionate expense, in small and meanly-furnished apartments, without books or means of amusement, shabbily dressed, and wearing dirty linen, waited upon by attendants accustomed to control or subdue him by force, and who never enter upon their duties unprovided with strait-waistcoats and straps. The whole time of the unhappy patient is passed with these unsuitable persons. In his worst state they command and intimidate him: if he recovers some calmness and rationality, they are his only companions: his family are afar off, and friends he has none. They exhibit all the fear and distrust that accompany cruelty; they block up the windows; they deny him the use of a knife and fork; they make him walk round and round the small garden when they are at leisure to accompany him; they fasten him to a heavy arm-chair when they wish to be relieved from trouble; and they tie him fast in bed at night that their own slumbers may not be disturbed. By these means the poor gentleman becomes irritable, and perhaps violent, and then he is scarcely allowed to go out at all; or being so often bound hand and foot, he necessarily becomes uncleanly, and his condition daily deteriorates. I describe what I know, and what I too often see; but I assure you I have never seen a patient in these circumstances whose case required such treatment, or who, if he had fortunately been a pauper, might not have been at liberty, and happier, in the county asylum. If you wish, in your private practice, ever to have the gratification of liberating a patient in such circumstances, you must be practically acquainted with the means of providing against all the alleged difficulties and dangers which their customary attendants will speciously urge as rendering your better plan impossible. I feel, therefore, that it will be doing you and the public some service if I succeed in drawing your attention to such points of practice.

The reasons assigned, in the majority of these cases, for the imposition of restraints, are generally unsatisfactory; but we will take the most serious cases. One of the singularities of character in a human being, is a disposition, under various provocations, to destroy himself. When the mind is decidedly diseased, this tendency is extremely common, and becomes, in some cases, a passion; but, like other passions, paroxysmal, temporary, and always possible to be recovered from. It is most commonly associated with melancholia, but maniacal excitement is usually mingled with such cases, especially when the suicidal attempts are made; and in cases of recent mania, there are often impulses to self-destruction, either in obedience to some supposed command, or without any previous determination or distinct reason. In all these cases it seems to have been once assumed that restraint was the only preventive. The melancholy figures of patients must still remain in the memory of all who have visited the old asylums, walking in some secluded alley, or lonely yard, or desolate out-house, tied up in strait-waistcoats, or with their hands bound in a hard leather muff, and turning away with sullen aspect from those who pointed them out as suicidal, as if, being so specified, their unhappy condition excluded hope, and made further comment and further thought unnecessary. At length, however, it is conceded by those most acquainted with the insane, that restraint, so far from being a security against suicide, is an incentive to it. In the course of every year we receive many patients who have made attempts to destroy themselves, and who retain the disposition to do so; but since the abolition of the use of restraints at Hanwell, in September, 1839, not one patient has died by suicide: many patients have attempted it, in many different ways, but all have hitherto been baffled in the attempt, solely by the arrangements of the asylum, and the vigilance of the attendants, until, under benign influences, and by being made comfortable, the patients have lost the propensity. Still, I always speak on this subject with diffidence, always feeling that the events of the next half hour may, in so large an institution, filled with the insane, produce an example of a fearful kind. Against all ordinary suicidal attempts and accidents, all public asylums possess certain provisions; the window-shutters are secure, the windows do not open widely, or have wire-guards affixed to them, and the fire-places are guarded. I must observe, however, that unless the medical officers have every alteration in the building referred to them, they will frequently find their patients exposed to new and obvious dangers; and unless they are consulted in the choice of attendants, they cannot justly be considered accountable for the safety of the suicidal patients at any time. The simplest and most effectual means of security is that of never allowing a suicidal patient to be left alone. Pursuing all the usual treatment of acute mania, (for I am now speaking of such cases,) we take care that by day the patient shall either be constantly in the presence of the attendants, or so near them, and so guarded and watched, that a successful attempt at self-destruction is scarcely possible. It is even useful to impress on the mind of the patient that all his attempts to hurt himself will be vain; and to profess that we are never baffled by those who have such a propensity. Some of those apparently resolute on the subject, and who really would destroy themselves if permitted, have a painful consciousness of needing protection, and are evidently anxious to be taken care of. Others assure us, that, do what we may, they will deceive our care; but they do not contrive to do so. The patient, if not violent, sleeps at night in a room containing other patients, some of whom are intelligent enough to give the alarm in case of need. If the violence of the patient makes that unsafe, he is placed in one of the padded rooms, where there are no means of suspension, and where the window is secured, and the whole floor is a bed. In both cases, all strings, garters, handkerchiefs, knives, scissors, &c.,

are carefully removed; and when the patient would tear up sheets, blankets, counterpanes, or a night-dress, in order to hang or strangle himself, the sheets and counterpanes are taken away, and the blankets are supplied sewed up in a strong ticking case; and a dress of the same, or of some strong materials, put on for the night. The patient's ordinary clothes are always removed from the bed-room. The patient is frequently visited by the night attendants, and generally placed in a room near or in the infirmaries, or wherever the night-attendants sit up. If that is not practicable, extra-attendants sit up, in order that the watching may be efficient. There are patients in whom the suicidal tendency comes on in paroxysms, during which the utmost vigilance is necessary, perhaps for ten days or a fortnight. We spoke this morning to an intelligent patient in the male infirmary, who appears at this time to be perfectly rational; but there are times when he becomes despondng and fearful, imagines he is to be shot, or otherwise killed, and yet, inconsistently enough, tries to destroy himself. In one such attack, an attendant sate night and day in a situation commanding a view of the patient in his bed, as he was not well enough to sit up, and this was continued for about a fortnight. Such precautions are absolutely required, for restraints not only aggravate the gloom of the patient, but are inefficient preventives of suicide, of which, indeed, they have, in some asylums, been converted into instruments. Instead of doing anything to add to the gloom of the patient, it seems scarcely necessary to say that he should be consoled and soothed, and convinced of the kind anxiety felt for him. When thus treated, I have known patients promise to abstain from suicide, in order to avoid giving pain to those who were so good to them, or sometimes to avoid throwing discredit on the treatment pursued at Hanwell. In the case just mentioned, there has been no return of the paroxysm for three years. A suicidal tendency comes on in some female patients at each monthly period; such is the case with E. C——, in ward No. 10, a married woman, aged thirty, who has been alternately maniacal and insane for eighteen months past. Her malady is ascribed to being deserted by her husband; a great part of her time is passed in silence, but fits of excitement occur, in which she will attack those about her, and make attempts on her own life. In one case, (M. A. G——, 1841,) the suicidal tendency was for some time recurrent at night, coming on with febrile symptoms, and both being absent during the day. Patients affected with hysterical mania are often suicidal before the hysterical paroxysm; they seem quite unconscious what they are about, will leap out of a window, or into a pit, or down a well, or get up a chimney, or try to strangle themselves, or in some other way to put an end to their own life; although, except at such times, they have no wish to do anything of the kind. The extreme suddenness of their attempts makes it difficult to baffle them, except by constant watching until the paroxysm subsides.

All such cases create extreme anxiety in private practice; and I always advise, in every case of insanity in a private residence, that the windows should be so secured as only to open a very little way, and that all suggestive means of suicide should be avoided as much as possible. The suicidal feeling is so generally in excess on awaking in the morning, that all attendants on patients should be especially warned on no account to leave the room before the patient is fully dressed and ready to come down stairs. The absence of a few minutes has, in many instances, been fatal. So, also, bell-ropes, strings hanging down from curtain-rods, a knife, a razor, a bottle of laudanum, an open window, seem suddenly to rouse the propensity to self-destruction, and, consequently, should never be presented to the patient's view. In these cases nothing should be left to chance; and I think it is an error, for the mere sake of showing how much confidence may be placed in the insane, to leave windows and fires unguarded, when a patient has shown a disposition to suicide. I am perfectly satisfied, that by long-continued care, and by making the patient's life comfortable, and avoiding everything that can give strength to morbid impressions of being doomed to punishment, and by attention to the bodily health, the suicidal tendency is often entirely removable. J. B——, a patient in the female infirmary, was admitted at sixty years of age. She was generally despondng, but had fits of sudden excitement, in which she would run down into the basement story, or into other wards, and try to hang herself; and she attempted to suspend herself by a garter thrown over a projecting piece of wood in the infirmary gallery. She is now almost always engaged in needlework, cheerful and content; and yet now and then the stomach becomes violently disordered, she has singular delusions respecting the quality of her food, and the suicidal tendency returns; but all the symptoms disappear when the state of the stomach improves. S. R——, a patient in the laundry, and now cheerful and almost well, (1843.) was, when I first saw her, always in leg locks, and often fastened by a strap to a bench or a bar. The reason assigned was, that she was suicidal. Her appearance was miserable, and she would not speak. She has now been two years and a half at liberty, and is talkative and lively, and will soon leave the asylum.

Now and then the disposition to suicide disappears rapidly and curiously. S. E——, a patient in the female infirmary, nearly sixty years of age, suffering from melancholia and occasional excitement, made several attempts to hang herself; she also refused food, and would not speak. After the application of a blister behind the neck, she began to talk, took food well, made no more attempts to hurt herself, and, gradually recovering, left the asylum well. Sedatives are occasionally useful in the suicidal paroxysm, inducing forgetfulness and sleep.

That cases may be managed, even in private practice, in which the most resolute disposition to self-destruction exists, I feel no doubt, provided proper attendants can be engaged: without that precaution there is no safety out of an asylum. And it should be remembered, that although some suicidal patients attempt suicide in one way only, as by hanging only, or by taking poison only, others promptly avail themselves of all opportunities of death—will throw themselves from a window, cut their throats with a knife, or razor, or scissors, open their veins with glass, beat their heads against a wall, throw themselves down stairs, swallow pins and needles, or a whole box of pills, take poison, drown themselves, hang themselves, starve themselves to death, trying all methods in turn.

Such instances are most common in melancholic patients, and it is long before improvement takes place. I have known several unfortunate examples, in private houses, of the danger of leaving them alone, even for a few minutes. Our strong dresses, which can scarcely be torn into shreds, and our padded rooms, in which there is nothing to aid the patient's unhappy desire, are, in these painful cases, of infinite service; and some contrivances, resembling them, must be adopted, if such patients are not permitted to be removed to an asylum. But neither in an asylum nor in a private house must these means be considered as rendering watching and care by night and day unnecessary. I do not mention restraints among means of security—I have no dependence upon them; and if used as substitutes for superintendence, they will be worse than useless.

Refusal of food is a method of self-destruction productive of great anxiety to the practitioner; but, with rare exceptions, I do not think that the forcible means formerly so often resorted to, in conjunction with the use of restraints, were attended with ultimate advantage. In consequence of an inquest having been held in this asylum, five years ago, on a male patient who was pronounced by the jury to have died in consequence of refusing food, I was induced to look carefully through the old records of the asylum, and was struck with the circumstance, that almost every patient to whom food had been forcibly administered had died within a few days or weeks of such means being resorted to. I do not mean to conclude that they died in consequence of the application, although I have reason to suspect that such was sometimes the case, but that the patients were in a hopeless state, of which one of the symptoms was an utter disinclination for food. No distinction seems to have been made between the cases in which food was refused from this natural cause, and those in which it was refused on account of some delusion, or with a suicidal intent.

In the first onset of mania, refusal of food is by no means uncommon; and it regularly comes on with every paroxysm in some chronic cases. It is seldom continued for many successive days in either form of malady; but there are cases in which it is more prolonged. Where it is the result of delusion or determination to die, it may be persevered in for an alarming length of time. Forcible means should evidently not be resorted to in all these different cases, without regard to the causes on which the symptom depends. If sometimes necessary, such forcible means are often superfluous, and certainly sometimes hurtful and dangerous. During the last six years, we must have had, at least, fifty instances of temporary refusal of food. Instrumental means have not been resorted to in more, I think, than half a dozen cases; and in one of these, in which the recollection of a former inquest compelled me to sanction its employment, I am convinced that the effects were pernicious. For three entire years it has now not been found necessary, in any one instance, on either the male or the female side of the asylum. It is very probable that refusal of food may be less difficult to overcome among the poor than among the rich, the temptation of good food being less easily resisted; but I believe the more general explanation to have been that no pains have been spared to overcome the repugnance, and to avoid resorting to force.

W. A——, in male ward No. 9, occasionally refuses food in his maniacal paroxysms; and I have known him, when talking loudly, violently, even abusively, suddenly answer a question as

to what food he would wish to have, and name some favourite dish, supplying which has removed all immediate difficulty. In another case, a patient obstinately refused food when offered to him: but asked for some when it was partaken of in his presence without his being invited to share it. In many cases, offering some variety of food has been successful, and in some, long and patient persuasion has had a good effect at last. It is desirable in all such cases to bring supplies of food at regular hours, and as often as every four hours; a patient will then sometimes take it to avoid the annoyance of such frequently repeated persuasions.

Nothing, however, is more distinct than the proper treatment of cases in which food is refused in consequence of some delusion, and that of the greater number of such cases, especially in acute mania, in which it is generally associated with bodily disorder, the removal of which must precede a return of the natural desire for food. Nor can anything be less becoming in a medical practitioner than to forget that even in a lunatic asylum he practises the art of cure, or to fancy himself called upon to exercise brute force because a sick man will not eat. You could not long frequent the wards of an asylum without seeing some instructive illustration, particularly, but not exclusively, in recent cases. Patients who are emaciated to the last degree, feeble and sinking, yet restless and refusing to lie down, and struggling to wander they know not whither, will also refrain from taking food altogether. In this desperate disturbance of the whole frame, the practice, which I was once reproached for refraining from, was, to overpower the frantic man by violent means, to bind him tightly in a strait-waistcoat, to deprive him of all power of resistance, and then to wrench open his jaws by this iron screw-gag, and to force into his unwilling stomach a quantity of food, which he could not digest. In milder cases, a better plan was that of introducing, by very patient efforts, a cylindrical piece of wood between the teeth, across the mouth, the wood being perforated, to permit the tube of the stomach-pump to pass through. In some obstinate cases the food was introduced by a tube passed through the nostrils. These methods were so highly disagreeable to the patients, as to conquer mere obstinacy or delusive determination, even the sight of the stomach-pump was sometimes effectual. I have several times known fluid food given to obstinate patients, as food is often given to reluctant children, by holding the nostrils, and waiting for the opening of the mouth for necessary inspiration—which is delayed as long as the patient possibly can delay it, but must take place from time to time. This also is so unpleasant to the patient, as seldom to require many repetitions. But in the cases dependent on severe bodily disorder, the introduction was useless and cruel, as well as difficult and dangerous. I know that patients have sunk immediately after the struggle. A medical man not blinded by an attachment to restraints and force, will see that in the cases of which I speak such forcible attempts are not indicated, and are not justifiable. Take the first opportunity that occurs of examining such a case. In every instance you will probably find some indication of gastric disorder, and often a total inactivity of the bowels, the relief of which by purgatives will restore the desire for food. When medicine is obstinately refused, if you succeed in putting two drops of croton-oil on the tongue, the bowels will usually act freely in a short time, after which food will be taken. In other patients you will find the tongue red, or thickly coated; the bowels disordered; the patient feverish; so feeble, as scarcely to be able to walk; and so wilful and violent that it is difficult to keep him out of danger, and necessary to confine him to a padded room. Various attentions are here required, to improve, if possible, the state of the digestive organs, and abate the fever: leeches to the epigastrium, blisters, demulcents, mild opiates, and diaphoretics, a warm bath, anything rather than the strait-waistcoat and the gag. In still severer cases, the pale and haggard face, the sunken eyes, the rapid pulse, the emaciated frame, the wild, unconscious manner of the sufferer, all declare the approach of death from chronic and complicated disease. The insurmountable aversion to swallowing food is the result of deep and terrible disorder. If such a case presented itself to you in a general hospital, force would be the last thing that you would think of. In asylums, it used to be the first thing thought of, and the only thing.

I remember one of our patients, in whose case the application of the stomach-pump for administering food was for a short time considered to have been somewhat triumphant. C. S —, a shoemaker, aged 44, had been insane a year and a half, (1841,) and his malady was said to have been brought on by poverty. About three months after admission, being in a very feeble state, he began to decline taking food, and was thought to meditate self-destruction: his tongue was at the same time coated, and streaked with mucus, and his pulse 130. A warm bath and enemata produced some composure. He was emaciated, and appeared likely to sink; and when the use of the stomach-pump was suggested, although most sceptical even of its temporary benefit, I directed its employment, influenced, I fear, by painful recollections of the inquest held some months before. Some arrow-root and wine were given by means of it, part of which was afterwards ejected; but the patient seemed a little revived. A few hours afterward he was cold and restless; the pulse was 96, and distinct; the tongue much coated, but moist: he had some tranquil sleep. The next day food was in the morning refused again, and twice administered by the stomach-pump, and the patient took a little food voluntarily in the evening. On the third day he took food voluntarily, although in small quantity, and at intervals he slept. This seemed to be tolerably satisfactory, and to form a contrast with the unfortunate case on which the inquest had been held. The patient continued to take a little food from time to time, for a day or two more, but died six days after the first refusal of food. An examination after death revealed tuberculous lungs, with cavities; the intestines injected; the mesentery containing large calcareous deposits; the right kidney converted into a cartilaginous cyst, filled with urine; the left kidney hypertrophied, weighing eight ounces. There was serum in the cavity of the arachnoid, and beneath it, and in the ventricles; all showing how superfluous a vexation the stomach-pump must have been to the dying days of this poor man.

I fear I have been tedious on this subject of suicide, and the futility of endeavouring to prevent it by restraints. It is a subject concerning which I encountered such opposition as nearly harassed me into the grave; but a few more years have carried the conviction to other minds which I then entertained, that in many of these cases the prospect is plainly hopeless, and humanity requires that we should allow the patient to die undisturbed, and that the likeliest means of being relieved from incessant anxiety in suicidal cases is to make the patient's life comfortable. By removing, as far as we can, all physical uneasiness, as well as all mental disquietude, we act directly on the ordinary causes of the suicidal tendency. Life is made endurable, and it is endured. It is made worthy of being preserved, and it is preserved.

When visitors go round the asylum, they often ask what we do with those patients who would beat their heads against the wall, or tear themselves to pieces. Our reply is, that where patients are properly treated, not one in five hundred would do anything of the kind. Yet for that one case we must be prepared. The padded rooms are the best preventive against any injury being done by the patient striking his head against the walls. The whole floor of these rooms is a bed; the four sides of the room, including the door, are thickly padded with ticking, enclosing coir (cocoa-nut fibre) to a height above that readily reached by the hands, the padding being fixed in a frame, easily removable by a workman, in several portions, when removal is required for repair, but not capable of being torn down by mere violence. When placed in these rooms, the patients cease to strike their heads against the wall, or they can scarcely hurt themselves if they do. Binding the hands and feet, or the body, is quite unnecessary; and if resorted to would only lead to exhausting struggles, or fierce vociferations. I have seen not a few patients admitted in a state of unusual excitement, who would for a time roll over and over, or throw themselves about, head over heels, and who, being safely placed in a padded room, were soon improved by suitable medical treatment.

I think it most important to observe, that in every case of this kind the patient should be as soon and as much as possible in the open air. Our business is not merely to prevent the patient from striking his head against the wall, but to remove the irritability which makes him wish to do so. Restraint does not effect this; it merely prevents his hurting his head, and this we do much better by padding the walls. When no bodily restraint is resorted to, and the patient is subjected to appropriate medical treatment, and has his thoughts engaged by walking out, I am quite sure that the peculiar excitement of these rare cases is very transient. So long as it lasts, it is extremely troublesome, and calls for constant attention; but this trouble and attention are the remedies which we expect to be supplied in an asylum for the insane. Our business is to remedy these symptoms of cerebral disorder, just as in a general hospital remedies are administered for the relief of bodily disease. Merely to suppress violence is not wiser than it would be merely to suppress convulsions or pain. In the case of bodily disease we should try to remove the cause of the convulsion or pain, and in mental disease the cause of the violence.

If, in the case of a patient so frantic as to tear or bite his flesh, we have no better resource than to tie or chain his arms, legs, body, neck, and head, the case is desperate indeed; for it is impossible to devise any restraint, however heavy and complicated, that can quite prevent such actions. But if we clear our minds of all these violent methods, we shall find that all difficulty may be removed by a well made, well padded, and well secured dress,

and by a pair of soft gloves without divisions for the fingers and thumb; so as to prevent the penetration of the teeth, and the mischief of prehensile movements. All such cases, however, are rare, and where they exist are rather the product of miserable confinement, monotony, and neglect, than of the disease. The propensities, also, are seldom of long continuance, and are generally checked or removed by some sedative medicine and warm baths. When the proper medical relief of such cases is neglected, and the cause of these nervous tricks unregarded, the patient is condemned to some wretched form of restraint, and often for months; a barbarity excusable in ignorant persons having the charge of them, but disgraceful in a medical superintendent.

In the older accounts of madness, you will find descriptions of the dirt-eating propensities of lunatics; and among the evils threatened, or asserted to be incidental to leaving off restraints at Hanwell, this was one. It was asserted that several patients would devour excrement and drink urine. Shocked by reports of such things, we investigated them with anxiety, found them partly exaggerated, and partly founded on circumstances capable of remedy. This miserable propensity seems to exist in some cases, as an effect of all discrimination of substances being lost, and in others it is the result of an insatiable voracity. The oldest ward-attendants assured us that the propensity was not baffled by the old restraints; and we have found that it can be prevented by removing every opportunity for its gratification. A full supply of food by day, and of bread by the patient's bedside at night, has been efficacious in some instances; and the particular form of dress which I now show you, consisting of trousers and waistcoat united, put on at night, and fastened behind, so that the patient cannot take it off, is extremely convenient. I need scarcely mention the necessity of insisting on constant cleanliness of the dresses, rooms, and utensils being maintained by the attendants; on their vigilant superintendence of the few patients addicted to such habits, and on the instant removal of all offensive matters. Yet none of these things received due attention so long as restraints were permitted to be used; restraints being a substitute for all attentions by which the habits of the patients could be improved.

Very often from this neglect, and from having restraints put on at night, or during the day, patients become wholly regardless of personal cleanliness, and consequently offensive; and where many of them are collected together, the rooms, passages, and airing-courts become disagreeable, and abound with bad smells. Uncleanliness is also a frequent and miserable circumstance incidental to the malady itself: a sort of perverse pleasure seems to be taken in it, even among insane patients who have been accustomed to neatness or to luxury. Their apartments are strewed with torn books and papers, broken snuff-boxes or ornaments, rugged clothing disposed with a kind of art, tobacco, snuff, fragments of bread, orange-peel, and all kinds of litter. Often from paralysis of the sphincters the patients' clothes are continually soiled; and often from mere inattention or imbecility of mind; in which case great improvement may be effected by a careful attendant, and by attention to the general health of the patient. Even in some cases of paralysis, the want of proper retention of the contents of the bladder depends on mental infirmity, and not on any affection of the sphincters; and, as in the case of P. L——, in male ward No. 4, who is affected with general paralysis, and was what is called a dirty patient, on admission a few months ago, is capable of remedy. I hope you have found our wards affording a proof of what can be done by cleanliness to prevent the obtrusion of anything offensive to sight or smell, both in the galleries and in the bed-rooms. This is effected by great activity on the part of the attendants, by changing the clothes of some of the patients frequently, by sometimes removing the patients from room to room, and by the frequent use of warm baths. No excuse is ever admitted for the prevalence of a bad smell; and how often soever the clothes of a patient require to be changed, we expect it to be done. We do not permit anything of this kind to be spoken of as a trouble; it is a part of the attention required by the peculiar malady for the relief of which asylums are built. We entirely discountenance its evasion by the wretched means formerly employed, when "dirty patients" were either left to lie all the day, as well as night, on damp and dirty straw, or removed every morning from their beds only to be fixed in a restraint-chair—a sort of watch-box, pierced as a close stool—on which they sate in a state of abandonment destructive of all delicacy, and which soon made any return to decency scarcely possible.

If you feel any doubt of the possibility of preserving cleanliness in a few recent cases of malady, or in cases of recurrent excitement when neglect of cleanliness occurs as part of the attack, let me beg of you to devote half an hour to a minute inspection of our male ward No. 1, containing fifty patients, all incurable, most of them imbecile, and the greater part of them always in need of all the care required by children. You will not find one of these kept in bed, nor on straw, nor fastened to bench or ring; not any corner filled with restraint-chairs, on a sloping and guttered floor, like a stable, as in asylums where restraints are used in such cases; but every patient up, and out of doors in fine weather; in clean clothing, and accustomed to sit down to comfortable meals. This is effected by the care of four attendants; and in my own opinion, no ward does more honour to Hanwell than this. It is in this ward that our new attendants learn some of their most important duties, and receive their most valuable instruction.

In recent cases, inattention to cleanliness should always be looked upon as temporary and curable. We do a grievous injury to a patient if we forget this, and allow the infirmity to become inveterate. The patient should be reminded of attention to the bowels and bladder at proper intervals; and especially before going to bed. A good attendant will generally succeed in improving his patient in this respect, by encouragement, exhortation, remonstrance, and care.

I remember a male patient admitted here after being in some other asylum, with a written report of being "dirty and violent." Overhearing this read by somebody, he said to me, "A man may well be dirty and violent who is fastened down in a trough-bed day and night, and struck by the keepers, as I have been at ———" He often repeated this remark, and assured me of its truth. I assured him he should never be fastened here, and that he should not lie in a trough, and that no one was ever permitted to strike a blow in this asylum. This man proved to be cleanly in all his habits. He was for a time maniacal, but was not long before he began to work in the shoemaker's shop; he gradually got quite well, and in a few months left the asylum. I doubt if he would have got well in his trough.

Whilst uncleanly habits remain, the dress already spoken of may be worn with advantage, made of materials most suitable to the condition of the patient. It is necessary to enter into all these humble particulars; for if they are thought below regard, the neglect will entail lamentable consequences as respects the restoration of habits of more dignity and value. No rank of life is exempt from the degradations of mental infirmity, and it depends on attention to many small particulars whether life shall be preserved in comfort, and mind restored, or all that is valuable in man or woman be irretrievably lost. In ordinary cases, and in private houses, and where the evil of uncleanliness is only temporary or occasional, the bedding may be preserved by a Mackintosh covering, or a thick painted cloth, or an oil-cloth, placed under the sheet and blanket. Among the poorer patients different arrangements prevail: all who were in this state were accustomed, in this asylum, to sleep on loose straw, laid in a crib, the bottom of which was lined with lead, sloping to a central perforation. This was the most convenient form of bed, and the straw being renewed frequently, and laid loosely and lengthwise, and a blanket and sheet laid over it, was not particularly objectionable in itself; but when patients were fastened to the crib, and their cleanliness not rigidly attended to, the back or parts pressed upon became inflamed and ulcerated, and life was certainly sometimes shortened by these accidents. Much dirt and litter was also introduced with the straw, and it was very difficult to avoid bad smells. The model before you represents a frame-bed now used for dirty patients throughout this asylum. I believe it was first used in the Gloucester Asylum, and afterward in the asylums of Stafford and Nottingham. Our adoption of it has been attended with perfectly satisfactory results. It consists, you observe, of a frame of wood, which fits the crib, and supports a canvas stretcher, on which the blankets and sheets are placed. Two such frames are made for every crib so required, and thus a fresh and dry one is put in every morning, or oftener if necessary, the other being carefully scoured, scrubbed, and dried. You have, no doubt, remarked that scarcely any of our patients keep their beds in the day-time; but if a patient is compelled to do so by illness or debility, and is also uncleanly, these frame-beds are highly serviceable; and it is now a most rare thing to have a patient in the house with an ulcerated back. Patients are occasionally admitted in such a state, but the ulcers are soon healed when their cause—confinement to a horizontal position on wet straw—is discontinued.

Among those to whom I address these observations, there may be some whose task it may hereafter be to endeavour to abolish the use of restraints in other asylums, either at home, or in our numerous colonies, of some of which the asylums will be found to represent the exact state of such wretched places in this country a century ago. To proceed safely and successfully in such attempt, it will be advisable to inquire into the cause of the restraint being resorted to in each case. When walking round one of the airing-courts this morning, you were at a loss to account for a few iron rings attached to some of the walls. Underneath

these rings was a bench; and it used, I suppose, to be considered advantageous when troublesome patients were taken out of doors, to place them on these benches, and to fasten them to the rings. The same patients, when within doors, sat at a table covered with coir, which they were employed in picking, and their feet were fastened to the legs of the table. Such a practice would doubtless now seem shocking to you, depriving our poor people of the pleasure of running about or lying down in fine weather on the fresh grass, or moving about the galleries. But far worse scenes were formerly always to be witnessed within doors in the older asylums, in some of which patients passed years chained to the walls; and if you exercise your profession in distant colonies, or, I fear, even in distant provinces of our own country, you will have still to contend with these primitive barbarities.

If you find a patient in a strait-waistcoat, or wearing the leather muff, because his clothes will be torn, take care that outside clothing of strong materials be prepared for him, and if he undresses himself as fast as it is put on, let the dress be fastened at the waist, wrists, and neck, with these small locks instead of buttons. Let him wear boots similarly secured. Examine also the state of his skin for any explanation of his wish to be without clothing: examine the clothing also. A warm bath and a supply of perfectly clean under clothing will sometimes remove all the difficulty. If patients still contrive to expose themselves improperly, let them have the dress consisting of trousers or drawers and waistcoat united. If the ordinary bed-clothes are torn, substitute for them blankets sewed up in a ticking case. The patterns of all these contrivances are laid before you, and a little ingenuity will enable you to adapt them to patients of different classes. These dresses and contrivances render it quite unnecessary to confine any muscle of the arms or hands, or feet or legs, or body: and even the habit which made them necessary usually soon ceases, and we thus avoid having recourse to restraints which fret and heat the body, and irritate and mortify the mind; and which, if resorted to in every trifling difficulty, have an unhappy tendency to become permanently applied, as was actually the case even in this asylum not many years ago. I could show you both men and women who formerly wore leg-locks for a great length of time,—for months or years,—and who have been harmless ever since they were liberated from them; others, who were seldom without the muff or strait-waistcoat; and others, who were always in restraint-chairs in the day-time, and fastened at night; all of whom have improved in habits and character since their entire and unconditional liberation.

I have already described to you how we manage such patients as are disposed to make attacks on all who approach them. These patients are, in fact, not so inconvenient to us as some are who have a frequent and sudden propensity to strike those about them. It must be confessed, that at first sight one would pronounce that some limitation of the free motion of the arms was in these instances a desideratum. But no one would expect this kind of restraint to cure an impulse springing from an irritable brain. The restraint must therefore be perpetual, and in order really to prevent the patient from hurting his neighbours, it must be very severe. Watching the patient, and occupying him, if possible, or, at least, cultivating his good humour, is far more likely to make him discontinue the practice; and after much experience of recent cases treated without restraints, and chronic cases treated with restraints, I am convinced that the habit of striking and kicking, of which we had once so many, and now have so few, examples, was generally the product of restraints, and was aggravated by their continuance. I doubt our having one instance of such a propensity being inveterate in any case of which we have had the management before the patient had been roughly treated elsewhere. In such a case as that of J. M——, now in male ward No. 4, restraints would probably have fostered every violent propensity. The patient is thirty-nine years of age, has been a soldier, of intemperate habits, and was sent here by a warrant of the Secretary of State, on account of some violence committed. For six months he has been in a state of restless activity, exhibiting all the characteristics of acute mania; but you have seen that he is on the most friendly terms with the attendants, who, he says, are very good fellows, and very kind to him; and he is most friendly with the medical officers. We observe a gradual but very slow amendment in him, and have sanguine hopes of his recovery.

It is an undeniable fact, that blows and injuries, and casualties of every kind, have become less frequent since restraints were abolished; fewer windows are broken; they are not even guarded in the day-rooms of two out of four of the male refractory wards; and there is less clothing and bedding destroyed. What is also very curious and interesting is, that the house-surgeons have from time to time had to manage some difficult and delicate surgical cases, and have contrived to conduct them to a successful termination without fastening the patient in any way. In one or two instances this course has been necessarily departed from, but only on the same principle which would be acted upon in certain cases among sane, but highly irritable and restless patients.

As regards all the dreadful accidents often represented as resulting from the absence of restraints, such as patients putting out their own eyes, putting their heads on the fire, gnawing their arms, killing one another with hatchets, &c., I shall only remark, that these accidents seem to have occurred exclusively in asylums where restraints were very freely resorted to; and if not the product of restraints, were signs of that negligent superintendence which is not permitted when restraints are no longer trusted to. Sudden accidents may and will happen in every asylum; sudden blows will be struck, and a single blow may be fatal. The only general protection against such things is careful superintendence, and a uniform and universal adherence to a system of treatment which tends to keep the whole asylum in comfort and good humour. I have seldom inquired into the particulars of any accident without finding that it was to be ascribed to some negligence. If the wards are left without attendants, if the fire-guards are left open, if mops and brushes and gas-keys are left about the galleries, if excited patients are left at large, and not properly superintended, if patients are allowed to quarrel until blows succeed, if doors are left open, if the shutters are not secure, or the windows, accidents of all kinds must be expected; but these negligences are entirely opposed to the spirit of the non-restraint system. There must be constant kindness and constant care, abundant exercise, suitable occupation when practicable, and the absence of all that can vex and harass the patients. These are all remedies, even in acute cases of mania, and aid the practitioner in producing the effects he looks for from medical treatment, baths, and occasional seclusion and sedative medicines. The patients are quite sensible of this treatment. M. B——, a patient now in female ward No. 15, was here in a former attack, from which she soon recovered: she came from an asylum in which there was reason to suspect that at that time (1842) every patient was fastened to the bed by leg-locks every night. Of that treatment she retained an angry recollection, as well as of the rough way in which they were summoned to bed, and their clothes rudely taken off, the patients being left, without any regard to delicacy, lying on straw, chained, and half covered with a horse-cloth. Her mind was strongly impressed, on admission, with the entire absence of day or night restraints, the general attention to cleanliness, and the regard shown to the feelings of our patients. When she was lately admitted again, having become insane after confinement, she recognised us with evident pleasure, and she is now again convalescent.

Depend upon it, gentlemen, that wherever restraints are permitted to be used, the attendants will put them on wantonly, and frequently unnecessarily, and will become regardless of all the minor offices of humanity towards their patients. Not only in pauper asylums, but in asylums for the rich, if you permit the attendants to have a strait-waistcoat at their command, you abandon your unprotected patients to every variety of abuse and secret outrage.

I shall conclude my remarks on acute mania, by making an observation, which, although it may not be very satisfactory, you will find to be very well founded—namely, that whilst some cases have a tendency to spontaneous cure, all disturbing agents being removed, others will present the phenomena of restlessness and violence for many months; the attack not appearing to be shortened by any mode of treatment that we can adopt. In such cases, medicines and all the auxiliary means that can be employed scarcely exercise even a modifying influence on the malady, and night and day the patient continues excited and apparently irrational. But during all this time, we shall find, if amendment at length takes place, that the patient has appreciated our conduct, and been sensible of our kindness or our irritability; and that if we have been uniformly considerate, not only has much danger been averted during the course of the malady, but the resulting content and good humour of the patient have laid the best foundation for a steady, progressive, and happy recovery.

"When a gardener wishes to etiolate,—that is, to blanch, soften a vegetable, such as lettuce, celery, &c.,—he binds the leaves together, so that the light may have as little access as possible to their surfaces. In like manner, if we wish to etiolate men and women, we have only to congregate them in cities, where they are pretty securely kept out of the sun, and where they become as white and tender as the finest celery. For the more exquisite specimens of this human etiolation, we must survey the inhabitants of mines, dungeons, and other subterraneous abodes; and for complete contrasts to these, we have only to examine the complexions of stage coachmen, shepherds, and the sailor."—*Dr. James Johnson on Change of Air.*